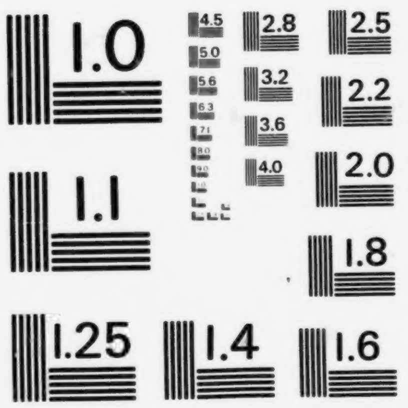
1 OF 3

ED

036606


1.0
4.5
5.0
5.6
6.3
7.1
8.0
9.0
2.8
3.2
3.6
4.0
2.5
2.2
2.0
1.1
1.8
1.25
1.4
1.6

MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A

DOCUMENT RESUME

ED 036 606 VT 004 954

TITLE	VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968. HEARINGS BEFORE THE SELECT SUBCOMMITTEE ON EDUCATION (WASHINGTON, D.C., MARCH 27-28, APRIL 2-3, 1968).
INSTITUTION	CONGRESS OF THE U.S., WASHINGTON, D.C. HOUSE COMMITTEE ON EDUCATION AND LABOR.
PUB DATE	68
NOTE	191P.
EDRS PRICE	EDRS PRICE MF-$0.75 HC-$9.65
DESCRIPTORS	*CONFERENCE REPORTS, *FEDERAL AID, *FEDERAL LAWS, *VOCATIONAL REHABILITATION
IDENTIFIERS	VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968

ABSTRACT

THE DOCUMENT PRESENTS THE TEXTS OF H.R. 15827 AND H.R. 16134--TO REVISE AND EXTEND THE VOCATIONAL REHABILITATION ACT--AND HOUSE JOINT RESOLUTION 811--TO REMOVE THE PRESENT LIMITATION ON THE AMOUNT AUTHORIZED TO BE APPROPRIATED FOR THE WORK OF THE PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED AND FOR OTHER PURPOSES. STATEMENTS TO THE SUBCOMMITTEE UNDER THE CHAIRMANSHIP OF DOMINICK V. DANIELS INCLUDE THOSE OF E.B. WHITTEN, MORRIS BRAND, ANTONIO C. SUAZO, MARY E. SWITZER, CHARLES L. ROBERTS, HAROLD RUSSELL, ADRIAN E. TOWNE, NATHAN B. NOLAN, ELIZABETH BOGGS, HOWARD W. POLLACK, OLIVE BANISTER, AND CARL MORRING, JR. ADDITIONAL LETTERS AND STATEMENTS ARE INCLUDED. (JK)

C1

ED0 36606

VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968

HEARINGS

BEFORE THE

SELECT SUBCOMMITTEE ON EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR

HOUSE OF REPRESENTATIVES

NINETIETH CONGRESS

SECOND SESSION

ON

H.R. 15827, H.R. 16134, H.J. Res. 811

BILLS TO REVISE AND EXTEND THE VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968

HEARINGS HELD IN WASHINGTON, D.C., MARCH 27, 28,
APRIL 2, 3, 1968

Printed for the use of the Committee on Education and Labor

CARL D. PERKINS, *Chairman*

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

VT004954

U.S. GOVERNMENT PRINTING OFFICE
93-888 WASHINGTON : 1968

COMMITTEE ON EDUCATION AND LABOR

CARL D. PERKINS, Kentucky, *Chairman*

EDITH GREEN, Oregon
FRANK THOMPSON, Jr., New Jersey
ELMER J. HOLLAND, Pennsylvania
JOHN H. DENT, Pennsylvania
ROMAN C. PUCINSKI, Illinois
DOMINICK V. DANIELS, New Jersey
JOHN BRADEMAS, Indiana
JAMES G. O'HARA, Michigan
HUGH L. CAREY, New York
AUGUSTUS F. HAWKINS, California
SAM GIBBONS, Florida
WILLIAM D. FORD, Michigan
WILLIAM D. HATHAWAY, Maine
PATSY T. MINK, Hawaii
JAMES H. SCHEUER, New York
LLOYD MEEDS, Washington
PHILLIP BURTON, California
CARL ALBERT, Oklahoma

WILLIAM H. AYRES, Ohio
ALBERT H. QUIE, Minnesota
CHARLES E. GOODELL, New York
JOHN M. ASHBROOK, Ohio
ALPHONZO BELL, California
OGDEN R. REID, New York
EDWARD J. GURNEY, Florida
JOHN N. ERLENBORN, Illinois
WILLIAM J. SCHERLE, Iowa
JOHN DELLENBACK, Oregon
MARVIN L. ESCH, Michigan
EDWIN D. ESHLEMAN, Pennsylvania
JAMES C. GARDNER, North Carolina
WILLIAM A. STEIGER, Wisconsin

SELECT SUBCOMMITTEE ON EDUCATION

DOMINICK V. DANIELS, New Jersey, *Chairman*

JOHN H. DENT, Pennsylvania
AUGUSTUS F. HAWKINS, California
PATSY T. MINK, Hawaii
LLOYD MEEDS, Washington
EDITH GREEN, Oregon
CARL ALBERT, Oklahoma

OGDEN R. REID, New York
ALPHONZO BELL, California
JOHN N. ERLENBORN, Illinois
WILLIAM J. SCHERLE, Iowa
WILLIAM A. STEIGER, Wisconsin

CONTENTS

Hearings held in Washington, D.C.: Page

March 27, 1968 1
March 28, 1968 53
April 2, 1968 83
April 3, 1968 141

Text of bills:

H.R. 15827 1
H.R. 16134 6
H.J. Res. 811 10

Statement of—

Banister, Mrs. Olive, Executive Director, Vocational Guidance and Rehabilitation Service 156
Boggs, Dr. Elizabeth, chairman, Committee on Governmental Affairs, National Association for Retarded Children 141
Brand, Morris, M.D., chairman, board of trustees, National Institutes of Rehabilitation and Health Services 36
Levy, Adrian, chairman, Public Policy Committee, Council of State Administrators of Vocational Rehabilitation 95
Morring, Carl, Jr., former president, National Society for Crippled Children and Adults 164
Nolan, Nathan B., director, Division of Rehabilitation Facilities and Workshops, Office of Rehabilitation, Georgia Department of Education 115
Pollock, Hon. Howard W., a Representative in Congress from the State of Alaska 152
Roberts, Charles L., executive director, Association of Rehabilitation Centers, Inc 83
Russell, Harold, chairman, President's Committee on Employment of the Handicapped, accompanied by William P. McCahill, Executive Secretary, and Mr. Posner, Deputy Secretary 92
Suazo, Antonio C., executive director, Sheltered Workshops and Homebound Programs, Inc., Washington, D.C 43
Switzer, Mary E., Administrator, Social and Rehabilitation Service, HEW, accompanied by Commissioner Joseph Hunt, and Assistant Secretary for Legislation Ralph K. Huitt 54
Towne, Adrian E., administrator, Division of Vocational Rehabilitation, Wisconsin Department of Health and Social Services 106
Whitten, E. B., executive director, National Rehabilitation Association, Washington, D.C., accompanied by Kenneth Pohlman, chairman, Rehabilitation Policy Committee 13, 49

Statements, letters, supplemental material, etc.:

Atlanta Employment Evaluation and Service Center:

Exhibit 1.—150 percent increase in 3 months (chart) 126
Exhibit 2.—Review of 98 clients who completed the general educational development test, May 1, 1966 through March 1, 1968 127
Exhibit 3.—Review of all closed referred cases 127
Exhibit 4.—Review of 1,746 cases admitted between May 1, 1966 through December 31, 1967 130
Exhibit 5.—Counseling department cumulative report, May 1, 1966 through February 29, 1968 131
Exhibit 6.—Review of 273 closed employee cases, December 1966 through January 31, 1968 131
Exhibit 7.—Review of a random sampling of cases closed employed, January 1968 132
Exhibit 8.—Chart 134

Page

Banister, Mrs. Olive, executive director, Vocational Guidance and Rehabilitation Service, picture of proposed Cleveland Rehabilitation Work Center 163
Biemiller, Andrew J., director, department of legislation, AFL-CIO, letter to Chairman Daniels, dated April 8, 1968, enclosing resolution 180
Boggs, Elizabeth M., chairman, Committee on Governmental Affairs, National Association for Retarded Children, prepared statement by 142
Brand, Morris, M.D., chairman, Board of Trustees, National Institutes on Rehabilitation and Health Services, prepared statement of 37
Byrne, John L., president, Oklahoma Rehabilitation Association, letter to Chairman Daniels, dated April 1, 1968 171
Carroll, Terence E., director, National Institutes on Rehabilitation and Health Services, letter to Chairman Daniels, dated April 12, 1968 170
McCrary, Dr. V. Eugene, director, AOA department of national affairs, on behalf of American Optometric Association:
  Prepared statement of 178
    Biography 180
Nagle, John F., chief, Waahington office, National Federation of the Blind, prepared statement of 171
Nolan, Nathan B., director, Division of Rehabilitation Facilities and Workshops, Office of Vocational Rehabilitation, Georgia Department of Education:
  Baxter, Robert E., assistant program director, liaison division, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.:
    Adams, G. W., acting director, Economic Opportunity Atlanta, Inc., Roswell, Ga., letter from, dated June 22, 1967 121
    Becker, Louis D., director, Upward Bound program, Emory University, Atlanta, Ga., letter from, dated July 11, 1967 123
    Clarke, Mrs, Caroline, director, De Kalb County Department of Family and Children Services, Decatur, Ga., letter from, dated June 27, 1967 125
    Davenport, Mrs. Ethel, social service supervisor, and C. W. Greenlea, director, Northwest Perry Homes Service Center, Atlanta, Ga., letter from, dated July 6, 1967 124
    Ellis, Wellborn R., administrator, Fulton County Department of Family and Children Services, Atlanta, Ga., letter from dated June 16, 1967 122
    Fowlkes, William A., director, Economic Opportunity Atlanta, Inc., Nash-Washington Service Center, letter from, dated July 5, 1967 122
    Fromholz, A. A., director, West Central Neighborhood Service Center, Atlanta, Ga., letter from, dated June 29, 1967 124
    Harmon, B. M., Jr., metropolitan area director, Georgia Department of Labor, Employment Security Agency, letter from, dated June 26, 1967 120
    Heard, Geoffrey A., director, Economic Opportunity Atlanta, Inc., Price Service Center letter from, dated July 14, 1967 123
    Letson, John W., superintendent, Atlanta Public Schools, letter from, dated June 29, 1967 120
    Manning, S. N., chief probation officer, Adult Probation Department, Atlanta, Ga., letter from, dated June 28, 1967 121
    Page, J. E., technical instruction supervisor, special program, Lockheed-Georgia Co., Marietta, Ga., letter from, dated July 27, 1967 125
      Special program, July 27, 1967 (table) enclosure 125
    Vinson, T. O., M.D., director, DeKalb County Health Department, Decatur, Ga., letter from, dated June 20, 1967 121
  Prepared testimony of 116
  Slicer, Alfred, director, State of Illinois Board of Vocational Education and Rehabilitation, Division of Vocational Rehabilitation, letter from, dated March 27, 1968 119

Page

Pollock, Hon. Howard W., a Representative in Congress from the State of Alaska:
  Table 1.—Funding proportions vocational rehabilitation 154
  Table 2.—Expense categories vocational rehabilitation 154
Roberts, Charles L., executive director, Association of Rehabilitation Centers, Inc.:
  Letter to Congressman Scheuer, dated April 10, 1968, enclosing quotes from facilities and news media 182
  Prepared testimony of 89
Rusk, Howard A., M.D., chairman, National Citizens Advisory Committee on Vocational Rehabilitation, letter to Chairman Daniels, dated April 1, 1968 183
Schloss, Irvin P., legislative analyst, American Foundation for the Blind, prepared statement of 177
Strachan, Paul A., president, American Institute for Human Engineering, Brooksville, Fla., prospectus by 187
Tiebel, Mrs. Harriet, O.T.R., executive director, American Occupational Therapy Association, Inc., New York, N.Y., letter to Chairman Daniels, dated April 24, 1968 169
Watkins, Robert E., executive vice president, Goodwill Industries of America, Inc., prepared statement of 186
Whitten, E. B., executive director, National Rehabilitation Association, prepared testimony of 14

VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968

WEDNESDAY, MARCH 27, 1968

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to call, in room 2251, Rayburn House Office Building, Hon. Dominick V. Daniels (chairman of the subcommittee) presiding.

Present: Representatives Perkins, chairman, Committee on Education and Labor, Daniels, Hawkins, and Steiger.

Also Present: Daniel H. Krivit, subcommittee counsel.

Mr. Daniels. The Select Subcommittee will come to order.

I am happy to announce that sitting on the committee with me this morning is my good friend and colleague from the State of Wisconsin, Mr. Steiger.

We meet this morning for the purpose of considering H.R. 15827 and H.R. 16134, to revise and extend the Vocational Rehabilitation Act, and House Joint Resolution 811, to remove the present limitation on the amount authorized to be appropriated for the work of the President's Committee on Employment of the Handicapped, and for other purposes.

(The bills and resolution follow:)

[H.R. 15827, 90th Cong., second sess.]

A BILL To revise and extend the Vocational Rehabilitation Act

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, **That this Act may be cited as the "Vocational Rehabilitation Amendments of 1968".**

AUTHORIZATION OF APPROPRIATIONS

Sec. 2. (a) Section 1(b)(1) of the Vocational Rehabilitation Act is amended by striking out "and" and by inserting before the period at the end thereof the following: ", for the fiscal year ending June 30, 1971, the sum of $750,000,000, and for the fiscal year ending June 30, 1972, the sum of $850,000,000".

(b) Section 1(b)(2) of such Act is amended by striking out "and" by inserting before the period at the end thereof the following: ", for the fiscal year ending June 30, 1969, the sum of $11,000,000, for the fiscal year ending June 30, 1970, the sum of $13,000,000, for the fiscal year ending June 30, 1971, the sum of $15,000,000, and for the fiscal year ending June 30, 1972, the sum of $17,000,000".

(c) Section 1(b)(3) of such Act is amended (1) by striking out "; (B) under clause (2)(A)" and inserting in lieu thereof ", and (B) under clause (2)", and by striking out "; and (C) under clause 2 (B) of section 4(a) to meet the cost of planning for the development of a comprehensive vocational rehabilitation program in each State", and (2) by striking out "and" the second time it appears, and by inserting before the period at the end thereof the following: ", for the fiscal year ending June 30, 1969, the sum of $95,000,000, for the fiscal year ending June

30, 1970, the sum of $110,000,000, for the fiscal year ending June 30, 1971, the sum of $125,000,000, and for the fiscal year ending June 30, 1972, the sum of $140,000,000".

(d) Section 1(b)(4) of such Act is amended by striking out "1969" and inserting "1973".

TECHNICAL AMENDMENT OF SECTION 4

SEC. 3. The first sentence of section 4(a) of the Vocational Rehabilitation Act is amended by striking out everything after "(2)" and inserting in lieu thereof the following: "to States and public and other nonprofit organizations and agencies for paying part of the cost of planning, preparing for, and initiating special programs to expand vocational rehabilitation services in those States where, in the judgment of the Secretary, such action holds promise of yielding a substantial increase in the number of persons vocationally rehabilitated, and sums appropriated for grants under this clause shall remain available for such grants through the close of June 30, 1974."

STATE PLAN REQUIREMENTS

SEC. 4. (a) Section 5 (a)(1)(A) of the Vocational Rehabilitation Act is amended by inserting "(i)" after "except that" and by inserting before the semicolon at the end thereof the following: ", and (ii) the Secretary, upon the request of an agency so designated, may authorize such agency to share funding and administrative responsibility with another agency of the State in order to permit such agencies to carry out a joint program to provide services to handicapped individuals".

(b) Section 5(a)(7) of such Act is amended to read as follows:

"(7) provide that evaluation of rehabilitation potential, counseling and guidance, personal and work adjustment, training, maintenance, physical restoration, and placement and follow-up services will be provided under the plan;"

(c) Section 5(a) of such Act is further amended by striking out "and" at the end of paragraph (11), by striking out the period at the end of paragraph (12) and inserting a semicolon, and by adding at the end thereof the following:

"(13) provide for continuing statewide studies of the needs of handicapped individuals and how these may be most effectively met; and

"(14) provide that where such State plan includes provisions for the construction of rehabilitation facilities—

"(A) the Federal share of the cost of construction thereof for a fiscal year will not exceed an amount equal to 10 per centum of the State's allotment for such year, and

"(B) the provisions of subsections (b) (1), (2), and (4), and (e) of section 12 shall be applicable to such construction."

REVISION OF DEFINITIONS

SEC. 5. (a) Subsection (a) of section 11 of the Rehabilitation Act is amended to read as follows:

"(a) The term 'vocational rehabilitation services' means the following services provided to, or for the benefit of, a handicapped individual:

"(1) evaluation, including diagnostic and related services, incidental to the determination of eligiblity for and the nature and scope of services to be provided;

"(2) guidance and placement services, including followup services to assist the handicapped individual to maintain his employment;

"(3) training, which shall include personal and vocational adjustment, books, and other training materials;

"(4) physical restoration services, including, but not limited to, (A) corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical or mental condition which is stable or slowly progressive and constitutes a substantial barrier to employment, but is of such nature that such correction or modification may reasonably be expected to eliminate or substantially reduce the handicap within a reasonable length of time, (B) necessary hospitalization in connection with surgery or treatment, (C) prosthetic and orthotic devices;

"(5) maintenance during rehabilitation, including family allowances, in amounts limited by the regulations of the Secretary;

"(6)) occupational licenses, tools, equipment, and initial stocks and supplies;

"(7) in the case of any type of small business operated by the severely handicapped the operation of which can be improved by management services and supervision provided by the State agency, the provision of such services and supervision, alone or together with the acquisition by the State agency of vending stands or other equipment and initial stocks and supplies;

"(8) the construction or establishment of public or other nonprofit rehabilitation facilities and the provision of other facilities and services which promise to contribute substantially to the rehabilitation of a group of individuals but which are not related directly to the rehabilitation plan of any one handicapped individual;

"(9) reader services for the blind, interpreter services for the deaf, transportation in connection with the rendering of any other vocational rehabilitation service, and any other goods or services necessary to render a handicapped individual employable;

"(10) services to the families of handicapped individuals when such services will contribute substantially to the rehabilitation of such individuals."

(b) Subsection (c) of section 11 of such Act is amended to read as follows:

"(c) The term 'rehabilitation facility' means a rehabilitation center, workshop, or other facility operated for the primary purpose of assisting handicapped individuals and providing evaluation and work adjustment services for disadvantaged individuals, and which provides singly or in combination one or more of the following services for handicapped individuals: (1) Comprehensive rehabilitation services which shall include, under one management, medical, psychological, social, and vocational services, (2) testing, fitting, or training in the use of prosthetic devices, (3) prevocational conditioning or recreational therapy, (4) physical and occupational therapy, (5) speech and hearing pathology, (6) psychological and social services, (7) evaluation, (8) personal and work adjustment, (9) vocational training (in combination with other services), (10) evaluation or control of special disabilities, and (11) extended employment for the severely handicapped who cannot be readily absorbed in the competitive labor market; but all medical and related health services must be prescribed by, or under the formal supervision of, persons licensed to practice medicine or surgery in the State."

(c) Subsection (d) of section 11 of such Act is repealed.

(d) Subsection (e) of section 11 of such Act is amended by striking out "or a workshop" and "and a workshop, respectively."

(e) Subsection (f) of section 11 of such Act is amended to read as follows:

"(f) Establishment of a rehabilitation facility means (1) the expansion, remodeling, or alteration of existing buildings necessary to adapt them to rehabilitation facility purposes or to increase their effectiveness for such purposes (subject, however, to such limitations as the Secretary may, by regulation, prescribe in order to prevent impairment of the objectives of, or duplication of, other Federal laws providing Federal assistance in the construction of such facilities), (2) initial equipment of such buildings and of buildings constructed under section 2, and (3) the initial staffing thereof (for a period not to exceed four years and three months)."

(f) Subsection (i) of section 11 of such Act is amended by inserting before the period at the end thereof the following: "for the fiscal year ending June 30, 1968, and 80 per centum for each succeeding fiscal year."

(g) Section 11 of such Act is further amended by adding at the end thereof the following:

"(1) Except where used in section 12 and section 17, the term 'construction' means the construction of new buildings and the acquisition of existing buildings, and the term 'cost of construction' includes architects' fees and acquisition of land in connection with construction, but does not include the cost of off-site improvements.

REHABILITATION FACILITIES

SEC. 6. (a)(1) The center heading of section 12 of the Vocational Rehabilitation Act is amended to read as follows: "GRANTS FOR CONSTRUCTION AND STAFFING OF REHABILITATION FACILITIES".

(b) Section 12 of such Act is amended (A) by striking out "workshop or" and "workshops and" wherever such terms appear, (B) by striking out ", as the case may be" at the end of subsection (b)(1), and (C) by striking out "workshop" where it appears in paragraph (3) of the last subsection and inserting in lieu thereof "rehabilitation facility which is primarily a workshop".

(c) Subsection (i) of section 12 of such Act is amended (1) by inserting after "June 30, 1968" the following: $35,000,000 for the fiscal year ending June 30, 1969, $40,000,000 for the fiscal year ending June 30, 1970, $50,000,000 for the fiscal year ending June 30, 1971, and $60,000,000 for the fiscal year ending June 30, 1972", and (2) by striking out "1970" and inserting in lieu thereof "1974".

AMENDMENTS TO SECTION 13

SEC. 7. (a) The center heading of section 13 of the Vocational Rehabilitation Act is amended to read "REHABILITATION FACILITY IMPROVEMENT".

(b) Subsection (b)(1) of such section is revised to read as follows:

"The Secretary is authorized to make grants to public and other nonprofit rehabilitation facilities to pay for part of the cost of projects to analyze, improve and increase their professional services to the handicapped, their business management, or any other part of the operation affecting their capacity to provide employment and rehabilitation services for the handicapped, and to public and other nonprofit agencies and facilities to pay part of the cost of technical assistance which may be required by such rehabilitation facilities to upgrade the quality and efficiency of their operations."

(c) Subsection (c) of such section is repealed.

(d) Subsection (d) of such section is redesignated as subsection (c) thereof and is amended by striking out the center heading and inserting in lieu thereof the following: "NATIONAL REHABILITATION FACILITY COUNCIL", by substituting "NATIONAL REHABILITATION FACILITIES COUNCIL" for "NATIONAL POLICY AND PERFORMANCE COUNCIL" in the new subsection (c)(1), by substituting the words "rehabilitation facility" for "workshop" wherever it appears in the section, and by deleting new subsection (b)(2) and substituting this sentence: "The Council shall advise the Secretary with respect to policies and criteria to be used by him in determining whether or not to make grants for establishing and improving rehabilitation facilities under section 12 and section 13 of this Act, with respect to standards applicable to facilities to be constructed under section 2 of this Act, and to perform other services with respect to rehabilitation facilities as the Secretary may request.

(e) Subsections (e) and (f) of such section are redesignated as (d) and (e) and the new subsection (e) is amended as follows: After the words "June 30, 1968," delete the remainder of the sentence and substitute these words ", and $16,000,000 for the fiscal year ending June 30, 1969, $20,000,000 for the fiscal year ending June 30, 1970, and $24,000,000 for the fiscal year ending June 30, 1971."

VOCATIONAL EVALUATION AND WORK ADJUSTMENT

SEC. 8. The Vocational Rehabilitation Act is amended by redesignating section 19 as section 20, and by inserting after section 18 the following new section:

"VOCATIONAL EVALUATION AND WORK ADJUSTMENT PROGRAM

"SEC. 19. (a)(1) For each fiscal year each State shall be entitled to an allotment of an amount bearing the same ratio to the amount authorized to be appropriated by paragraph (2) of this subsection for meeting the costs described in paragraph (3) of this subsection, as the product of (A) the population of the State, and (2) its allotment percentage (as defined in section 11(h)) bears to the sum of the corresponding products for all the States. The allotment to any State under the preceding sentence for any fiscal year which is less than $50,000 (or such amount as may be specified as a minimum allotment in the Act appropriating sums for such year) shall be increased to that amount, the total of the increases thereby required being derived by proportionately reducing the allotments to each of the remaining States under the preceding sentence, but with such adjustments as may be necessary to prevent the allotment of any of such remaining States from being thereby reduced to less than that amount.

"(2) There is authorized to be appropriated for carrying out this section $50,000,000 for the fiscal year ending June 30, 1969, $75,000,000 for the fiscal year ending June 30, 1970. $100,000,000 for the fiscal year ending June 30, 1971, and for each succeeding fiscal year only such sums may be appropriated as the Congress may hereafter authorize by law.

"(3) From each State's allotment under this section for any fiscal year, the Secretary shall pay to such State a portion of the cost of evaluation and work adjustment of disadvantaged individuals to determine their handicap to employment and their rehabilitation potential, including evaluation and work adjustment performed by the designated State vocational rehabilitation agency for other agencies providing services to disadvantaged individuals under a State evaluation plan. "Evaluation, and work adjustment' as used in this section, includes such services in a rehabilitation facilitity or workshop and in other facilities and settings as appropriate. Evaluation and work adjustment includes, as appropriate in each case, such services as—

"(A) a preliminary diagnostic study to determine that the individual is disadvantaged, has an employment handicap, and that services are needed;

"(B) a thorough diagnostic study consisting of a comprehensive evaluation of pertinent medical, psychological, vocational, educational, cultural, social, and environmental factors which bear on the individual's handicap to employment and rehabilitation potential including, to the degree needed, an evaluation of the individual's personality, intelligence level, educational achievements, work experience, vocational aptitudes and interests, personal and social adjustment, employment opportunities, and other pertinent data helpful in determining the nature and scope of services needed;

"(C) work adjustment services to appraise the individual's patterns of work behavior and ability to acquire occupational skills, and to develop work attitudes work habits, work tolerance, and social and behavior patterns suitable for successful job performance, including the utilization of work, simulated or real, to assess and develop the individual's capacities to perform adequately in a work environment;

"(D) any other goods or services provided to a disadvantaged individual, determined (in accordance with regulations of the Secretary) to be necessary for, and which are provided for the purpose of, ascertaining the nature of the handicap to employment and whether it may reasonably be expected the individual can benefit from vocational rehabilitation services or other services available to disadvantaged individuals;

"(E) outreach, referral, and advocacy; and

"(F) the administration of these evaluation and workshop services.

'Disadvantaged individuals', as used in this section means (A) handicapped individuals as defined in section 11(b) of this Act, (B) individuals disadvantaged by reasons of age, low educational attainments, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment, and (C) other members of their families when the provision of rehabilitation services to family members is necessary for the rehabilitation of an individual described in clause (A) or (B).

"(b) Payments under this section with respect to any approved State evaluation and work adustment plan shall be equal to 90 per centum of the cost of evaluation and work adustment services. The cost of evaluation and work adjustment services in the preceding sentence shall not include any amounts paid by another public or private agency for the provision of evaluation and work adjustment services.

"(c) No payment may be made from an allotment under this section with respect to any cost with respect to which any payment is made under any other section of this Act.

"(d) The Secretary shall approve a State evaluation and work adjustment plan which:

"(1) Designates as the State evaluation and work adjustment agency the same agency designated under section 5(a) of this Act.

"(2) Provides for financial participation by the State, which may include non-Federal funds donated to the State.

"(3) Shows the plan, policies, and methods to be followed in providing services under the State evaluation and work adjustment plan in its administration and supervision, and, in case evaluation and work adjustment services cannot be provided all disadvantaged individuals who apply for such services, shows the order to be followed in selecting those to whom evaluation and work adjustment services will be provided.

"(4) Provides such methods of administration, other than methods relating to the establishment and maintenance of personnel standards, as are found by the Secretary to be necessary for the progress and efficient administration of the plan.

"(5) Contains provisions relating to the establishment and maintenance of personnel standards and the establishment and maintenance of minimum standards governing the facilities and personnel utilized in the provision of evaluation and work adjustment services consistent with the provisions of the State plan for vocational rehabilitation services.

"(6) Provides that evaluation and work adjustment services will be provided without regard to whether or not the disadvantaged individual is in financial need, except to the extent provided for under paragraph (3).

"(7) Provides that the State agency will make such reports, in such form and containing such information, as the Secretary may from time to time reasonably require to carry out his functions under this section, and comply with such provisions as he may from time to time find necessary to assure the correctness and verification of such reports.

"(8) Provides for cooperation by the State agency with other public and private agencies concerned with disadvantaged individuals and joint undertakings to further the effectiveness of evaluation and work adjustment services for such individuals.

"(e) The provisions of subsections (c) and (d) of section 5 of this Act shall be applicable to plans approved under this section.

"(f) Payments under this section may be made (after necessary adjustments on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installment and on such conditions, as the Secretary may determine."

[H.R. 16134, 90th Cong., second sess.]

A BILL To amend the Vocational Rehabilitation Act to extend the authorization of grants to States for rehabilitation services, to broaden the scope of goods and services available under that Act for the handicapped, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Vocational Rehabilitation Amendments of 1968".

AUTHORIZATION OF APPROPRIATIONS FOR GRANTS

SEC. 2. (a) Effective with respect to appropriations for fiscal years ending after June 30, 1968, section 1(b)(2) of the Vocational Rehabilitation Act is amended by striking out "June 30, 1966, the sum of $5,000,000, for the fiscal year ending June 30, 1967, the sum of $7,000,000, and for the fiscal year ending June 30, 1968, the sum of $9,000,000" and inserting in lieu thereof "June 30, 1969, the sum of $3,200,000, and for each of the succeeding fiscal years, such sums as may be necessary".

(b) Effective with respect to appropriations for fiscal years ending after June 30, 1968, section 1(b)(3) of the Vocational Rehabilitation Act is amended by striking out "June 30, 1966, the sum of $80,000,000, for the fiscal year ending June 30, 1967, the sum of $104,000,000, and for the fiscal year ending June 30, 1968, the sum of $117,000,000" and inserting in lieu thereof "June 30, 1969, the sum of $80,000,000, and for each of the succeeding fiscal years, such sums as may be necessary".

(c) Section 1(b)(4) of the Vocational Rehabilitation Act is repealed.

(d) Effective with respect to appropriations for fiscal years ending after June 30, 1968—

(1) so much of the material in section 12(i) of the Vocational Rehabilitation Act as precedes the semicolon is amended by striking out "$1,500,000 for the fiscal year ending June 30, 1966, $7,000,000 for the fiscal year ending June 30, 1967, $9,000,000 for the fiscal year ending June 30, 1968" and inserting in lieu thereof "$2,000,000 for the fiscal year ending June 30, 1969"; and

(2) section 12(i) of the Vocational Rehabilitation Act is further amended by—

(A) striking out "two" and inserting in lieu thereof "four"; and

(B) striking out "1970" and inserting in lieu thereof "1975".

(e) Effective with respect to grants made after June 30, 1968—

(1) section 13(a)(1) of the Vocational Rehabilitation Act is amended by striking out "1966, and ending June 30, 1971," and inserting in lieu thereof "1968, and ending June 30, 1973"; and

(2) section 13(b)(1) of the Vocational Rehabilitation Act is amended by striking out "1966" and inserting in lieu thereof "1969".

(f) Effective with respect to appropriations for fiscal years ending after June 30, 1968, section 13(f) of the Vocational Rehabilitation Act is amended by—

(1) striking out "$1,500,000 for the fiscal year ending June 30, 1966, $9,000,000 for the fiscal year ending June 30, 1967, $14,000,000 for the fiscal year ending June 30, 1968," and inserting in lieu thereof "$10,000,000 for the fiscal year ending June 30, 1969,"; and

(2) striking out "three" and inserting in lieu thereof "four".

BROADENING OF THE SCOPE OF VOCATIONAL REHABILITATION SERVICES

SEC. 3. (a) Section 11(a)(3) of the Vocational Rehabilitation Act is amended by inserting "(including orthotic devices)" after "prosthetic devices".

(b) Section 11(a) of such Act is amended by (1) striking out "and" at the end of paragraph (7); (2) striking out the period at the end of paragraph (8) and inserting in lieu therefor "; and (3) by adding at the end thereof the following new paragraph:

"(9) Counseling and social services, and such other goods and services (as specified in regulations prescribed by the Secretary) which may reasonably be expected to eliminate or substantially reduce any impediment to the full realization by handicapped individuals of the services furnished them by the State pursuant to its plan approved under section 5."

(c) The amendments made by this section shall apply in the case of expenditures made after June 30, 1968, under a State plan approved under the Vocational Rehabilitation Act.

ALLOTMENTS TO STATES FOR THE INNOVATION OF VOCATIONAL REHABILITATIONS SERVICES

SEC. 4. Effective with respect to fiscal years ending after June 30, 1969, section 3 of the Vocational Rehabilitation Act is amended by adding at the end thereof the following new subsection:

"(d) Whenever the Secretary determines that the amount allotted to a State or States under subsection (a)(1) of this section for any fiscal year is not sufficient for such State or States to carry out the purposes of this section in such State or States and that such State or States will be able to use additional amounts during such year, he shall increase such State's or States' allotment to the extent that he deems necessary. The total of such increases shall be derived by reducing the allotments proportionately of such other States as he may select, giving due regard to each of such other States' needs in carrying out the purposes of this section."

WAIVER OF STATEWIDENESS REQUIREMENTS FOR COOPERATIVE ARRANGEMENTS WITH OTHER STATE AGENCIES

SEC. 5. (a) The heading of section 14 of the Vocational Rehabilitation Act is amended to read as follows: "WAIVER OF STATEWIDENESS REQUIREMENTS FOR LOCALLY FINANCED ACTIVITY AND FOR COOPERATIVE ARRANGEMENTS WITH OTHER AGENCIES".

(b) Section 14 of the Vocational Rehabilitation Act is amended by adding "(a)" after "14".

(c) Section 14 of the Vocational Rehabilitation Act is further amended by adding at the end thereof the following new subsection:

"(b) In the case of any cooperative arrangement entered into by the State agency and any other agency pursuant to section 5(a)(9) which, in the judgment of the Secretary, is likely to assist in promoting the vocational rehabilitation of certain handicapped workers or of substantially larger numbers of handicapped individuals, the Secretary may, at the request of the Governor of such State and the State agency, waive compliance, with respect to vocational rehabilitation services furnished pursuant to such cooperative arrangement, with the requirement of section 5(a)(3) that the plan be in effect in all political subdivisions of the State to the intent and for such period as may be provided in regulations prescribed by the Secretary."

INITIAL STAFFING FOR REHABILITATION FACILITIES AND WORKSHOPS

Sec. 6. (a) Section 11(f) of the Vocational Rehabilitation Act is amended by—

(1) inserting in paragraph (1) thereof before the semicolon the following: ", and initial staffing thereof (for a period not exceeding two years)"; and

(2) striking out "one" in paragraph (2) and inserting in lieu thereof "two".

(b) The amendments made by subsection (a) shall apply in the case of expenditures after June 30, 1968, under a State plan approved under the Vocational Rehabilitation Act.

PROJECT GRANTS FOR SERVICES TO DISABLED YOUTHS

Sec. 7. The Vocational Rehabiltation Act is further amended by redesignating section 19 as section 20 and by inserting after section 18 the following new section:

"PROJECT GRANTS FOR SERVICES TO DISABLED YOUTHS

"Sec. 19. The Secretary is authorized to make grants to any State agency designated pursuant to a State plan approved under section 5, and public and nonprofit organizations and agencies to pay the cost of projects which will undertake to develop for youths attending school, who are under physical or mental disabilities or who have employment handicaps (as defined by the Secretary in regulations prescribed by him), a comprehensive evaluation of these disabilities and handicaps aimed at determining what impediments exist to their entering into the competitive labor market and a plan as to what services existing in their communities might be utilized to overcome these impediments, with the objective that such youths will make the optimum use of their education. No project shall be eligible for a grant under this section unless it provides for coordination of such plan with the education program of such youths."

CONSTRUCTION OF REHABILITATION FACILITIES AND WORKSHOPS

Sec. 8. (a) Section 11(a)(8) of the Vocational Rehabilitation Act is amended by striking out "establishment" each time it appears and inserting in lieu thereof "construction or establishment."

(b) Paragraphs (1) and (2) of section 11(f) of the Vocational Rehabilitation Act are redesignated as subparagraphs (A) and (B), respectively.

(c) Subsection (f) of section 11 of the Vocational Rehabilitation Act is amended by striking out "(f)" and inserting in lieu thereof "(f)(1)."

(d) Subsection (f) of section 11 of the Vocational Rehabilitation Act (as amended by the preceding subsections of this section) is further amended by adding the following new paragraph:

"(2) Construction of a workshop or rehabilitation facility shall include (A) the construction of new buildings, the acquisition of existing buildings, and initial equipment of such new or newly acquired building. (B) costs of construction (as defined in section 12(j)(2)), and (C) such construction as is designated by section 12(j)(3), but only if application to pay for the costs of such construction has been approved by the State agency (in accordance with such standards as the Secretary may prescribe); and for purpose of this paragraph the provisions of section 12(e) shall apply."

(e) Section 2(b) of the Vocational Rehabilitation Act is amended by—

(1) striking out "except that" the first time it appears and inserting in lieu thereof "except that (1)";

(2) striking out "and except that" and inserting in lieu thereof "(2)"; and

(3) adding at the end before the period the following: ", and (3) of such total payment to such State for such fiscal year not more than an amount equivalent to 10 per centum of such State's allotment for such fiscal year (as determined under subsection (a)) may be used to meet the costs of construction of rehabilitation facilities and workshops (as provided for in section 11(a)(8)), reduced by an amount, if any, by which expenditures from non-Federal sources (except for expenditures with respect to which the State is entitled to payment under section 3) during such year under such State plan are less than such expenditures under such plan for the fiscal year ending June 30, 1967."

(f) Section 11(i) of such Act is amended by inserting the following before the period: ", except that with respect to payments pursuant to section 2(b) to any State which are used to meet the costs of construction of rehabilitation facilities and workshops (as provided for in section 11(a)(8)) in such State, the 'Federal share' shall be equal to the same percentage determined in accordance with the provisions of section 12(c) applicable to such State."

EVALUATION OF VOCATIONAL REHABILITATION PROGRAM

SEC. 9. Section 7 of the Vocational Rehabilitation Act is amended by adding at the end thereof the following new subsection:

"(e) For any fiscal year ending after June 30, 1968, such portion of the appropriations for grants under section 1 as the Secretary may determine, but not exceeding 1 per centum thereof, shall be available for evaluation by the Secretary (directly or by grants or contracts) of the programs authorized by this Act and, in the case of allotments from any such appropriations, the amounts available for allotments shall be reduced accordingly."

MISCELLANEOUS AND TECHNICAL

SEC. 10. Subsection (a) of section 1 of the Vocational Rehabilitation Act is amended to read as follows:

"(a) It is hereby declared to be the policy of the Congress in enacting this Act that—

"(1) the Federal Government should provide maximum encouragement, support, and leadership for the development of programs for the rehabilitation of handicapped individuals and of improved methods and techniques in assisting handicapped individuals to pursue a constructive family and community life, and

"(2) the responsibility for providing such encouragement, support, and leadership and for the general coordination of programs and activities affecting handicapped individuals should be with the Secretary of Health, Education, and Welfare."

(b)(1) Section 4(b) of the Vocational Rehabilitation Act is repealed.

(2) Subsections (c) and (d) of section 4 of the Vocational Rehabilitation Act are redesignated as (b) and (c).

(c)(1) Effective with respect to fiscal years ending after June 30, 1968, section 4(a) of the Vocational Rehabilitation Act is amended by—

(A) striking out "(1)" in the first sentence and inserting in lieu thereof "(A)";

(B) striking out "(2)(A)" and inserting in lieu thereof "(B)(i)";

(C) striking out "(B)" and inserting in lieu thereof "(ii)";

(D) striking out in the first sentence "the Secretary shall make grants" and inserting in lieu thereof "the Secretary (1) shall make grants"; and

(E) inserting at the end of the first sentence the following sentence: "and (2) shall make contracts or jointly financed cooperative arrangements with employers and organizations for the establishment of projects designed to prepare handicapped individuals for gainful employment in the competitive labor market under which handicapped individuals are provided training and employment in a realistic work setting and such other services (determined in accordance with regulations of the Secretary) as may be necessary for such individuals to continue to engage in such employment."

(2) Effective with respect to fiscal years ending after June 30, 1968, section 1(b)(3) of the Vocational Rehabilitation Act (as amended by section 102(c) of this Act) is further amended by—

(A) striking out "For the purpose of making grants (A)" and inserting in lieu thereof "For the purpose (A) of making grants";

(B) striking out "section 4(a)(1)" and inserting in lieu thereof "clause (1)(A) of section 4(a)";

(C) striking out "clause (2)(A) of section 4(a)" and inserting in lieu thereof "clause (B)(i) of section 4(a)(1)"; and

(D) striking out clause (C) and inserting in lieu thereof "and (B) section 4(a)(2) to meet the cost of projects for providing jobs to handicapped individuals through contracts or jointly financed cooperative arrangements with employers and organizations,".

(d)(1) Section 11(h)(2) of the Vocational Rehabilitation Act is amended by striking out "August 31" and inserting in lieu thereof "September 30";

(2) Section 11(h)(4) of the Vocational Rehabilitation Act is amended by striking out "and subsection (c)"; and

(3) Section 11(j) of the Vocational Rehabilitation Act is amended by adding at the end thereof before the period the following: "by October 1 of the year preceding the fiscal year for which funds are appropriated pursuant to authorization provided for in section 1".

(e) Section 13(f) of the Vocational Rehabilitation Act (as amended by section 101(g) of this Act) is further amended by striking out "and subsection (b)" each time it appears and inserting in lieu thereof ", subsection (b), and subsection (c)".

(f)(1) Sections 15 and 16 of the Vocational Rehabilitation Act are repealed.

(2) Sections 17 and 18 of such Act are redesignated as sections 15 and 16, respectively.

(3) Sections 19 and 20 of such Act (as added and as redesignated by section 108 of this Act) are redesignated as sections 17 and 18, respectively.

[H.J. Res. 811, 90th Cong., first sess.]

JOINT RESOLUTION To remove the present limitation on the amount authorized to be appropriated for the work of the President's Committee on Employment of the Handicapped, and for other purposes

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the Joint Resolution entitled "Joint Resolution authorizing an appropriation for the work of the President's Committee on National Employ the Physically Handicapped Week", approved July 11, 1949, as amended (63 Stat. 409), is amended (a) by striking out the word "physically" wherever it appears and (b) by striking out the phrase "not to exceed the sum of $500,000" and inserting in lieu thereof "such sums as may be required".

Mr. DANIELS. The Vocational Rehabilitation Act is administered by the Secretary of Health, Education, and Welfare, through the newly created Social and Rehabilitation Service.

The vocational rehabilitation program is one of the most successful programs ever supported by the Federal Government. As this agency has gradually increased in size and effectiveness since its inception in 1920, the program has made a tremendous impact upon the economic and social life of the Nation.

A graphic picture of the vocational rehabilitation program was demonstrated in a recent report by former Secretary Gardner, of Health, Education, and Welfare, shortly before he left his Cabinet position.

According to Mr. Gardner, every $1,000 spent by the Federal and State agencies on the vocational rehabilitation of disabled people is resulting in an increase of over $35,000 in the lifetime earnings of a rehabilitated person. It is encouraging to recognize that the $147 million spent for vocational services to clients whose cases were closed in fiscal year 1966 is expected to result in an increase of $5.2 billion in the lifetime earnings of the 154,000 persons rehabilitated. Before rehabilitation, their expected total lifetime earnings were estimated at $900 million; after rehabilitation, at $6.1 billion. Rehabilitation is making the difference of $5.2 billion at a cost of $147 million—or a gain of more than $35 for every $1 spent.

Although these figures are a thrilling example of what a strong, well-run, Federal-State program can contribute economically to the Nation, we must never forget the "immeasurable gain in the quality of a person's life when he becomes independent and self-reliant."

In 1967, I was chairman of the Select Subcommittee on Education of the House Committee on Education and Labor, which considered the needs of handicapped individuals and developed an important bill to help fulfill these needs. However, at the time hearings were conducted in 1967, it was known that additional hearings would have to be held in 1968 to extend appropriation authority for research and training, innovations, and facility programs. At that time, I requested that consideration be given in the interim to any other improvements that were needed to increase the effectiveness of the program. As a result of my suggestion, H.R. 15827 was developed.

H.R. 15827 extends authority and authorization for section 2 grants to States, section 4 special projects, and sections 12 and 13 dealing with facilities and workshops through fiscal year 1972.

In addition, this bill provides that State plan requirements under section 5 of the act include (1) a waiver of the sole agency requirement, (2) a program to include maintenance and followup services, (3) a continuation of statewide studies of needs of handicapped individuals, and (4) a construction provision which provides for the use of section 2 funds not to exceed 10 percent of the State's allotment for needed rehabilitation facilities and workshops.

The heart of any legislation is the definition of the individuals to be served and the services which can be provided with the funds appropriated.

H.R. 15827 broadens and updates the definition of rehabilitation services to include followup services, family allowances, services which promise to contribute to rehabilitation of a group of individuals, and services to families. The definition of rehabilitation facilities is also revised to cover rehabilitation centers, workshops, and other facilities operated for the primary purpose of assisting handicapped individuals and providing evaluation and work adjustment services for disadvantaged individuals.

As the Vocational Rehabilitation Act now exists, initial staffing is provided for one year for a rehabilitation facility. H.R. 15827 would provide for initial staffing for all rehabilitation facilities for a period of approximately four years.

H.R. 16134 also recognizes the inadequacy of the one-year staffing limit and has recommended that staffing be extended an additional year to both rehabilitation facilities and workshops as now defined in the act.

H.R. 15827 also provides that beginning with the fiscal year ending June 30, 1969, the Federal share of the cost of the rehabilitation programs will become 80 percent, instead of the present 75 percent. This change is recommended in order to make the Federal share of the vocational rehabilitation comparable to the Federal share of the work and training programs launched as a result of the Social Security Amendments of 1967.

The function of the National Policy and Performance Council is broadened to authorize recommendations with respect to improvement of all rehabilitation facilities.

Lastly, the proposal to set up a separately financed program of vocational evaluation and work adjustment is one of the most important proposals in the bill. The Federal Government would pay 90 percent of the cost of amounts authorized. The appropriations will be used to assist the States in establishing and carrying out evaluation and work adjustment programs for individuals who are classified as handicapped under the Vocational Rehabilitation Act and other individuals disadvantaged by reason of age, low educational attainment, ethnic and cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment.

The other major bill before us for consideration is H.R. 16134, the 1968 program of the Rehabilitation Service Administration.

H.R. 16134 extends authority and authorization for section 3 innovation grants, section 4 special projects, and sections 12 and 13 dealing with facilities and workshops.

In addition, the definition of Vocational Rehabilitation Services is broadened to include orthotic devices, counseling, and social services.

Section 4 of H.R. 16134 provides for the redistribution of innovation funds to those States and territories where the need exists.

In this bill, section 7 provides for a new program of project grants for services to disabled youths. This program is intended to pay the costs of projects designed to develop a comprehensive evaluation of existing impediments in school youths that will prevent their entering the competitive market.

Section 8(1) adds "construction" to "services" under section 11 of the act, (2) provides that section 12 provisions of the act be applicable, and (3) limits the Federal share of the cost to not more than 10 percent of the allotment.

Section 9 provides that 1 percent of appropriations for sections 2, 3, and 4 may be used by the Secretary for the purpose of evaluating programs authorized under the Vocational Rehabilitation Act.

Section 10 contains miscellaneous and technical amendments and repeals obsolete sections of the act.

Another important provision of H.R. 16134 gives the Secretary authority to make contracts (under section 4 of the act) to provide training and employment in a realistic work setting for handicapped individuals.

Present estimates indicate that nearly 4 million disabled people need vocational rehabilitation services and that approximately 400,000 new cases are added each year. Last year the Federal-State program rehabilitated 173,000 disabled people into useful work.

Innovation has been the trademark of the rehabilitation program in America. It is my intention to conduct these hearings with the very same spirit. We must, therefore, give the innovators among us a very special hearing. The task ahead of all of us will be both difficult and exciting. But I am supremely confident that our efforts will make it possible for all the handicapped to be employed with some meaningful work and with complete dignity.

Welcome, Mr. Chairman. It is a pleasure to have you here.

Mr. PERKINS. Let me say, Mr. Daniels, I am glad to be here at the opening of the hearings. The legislation is really in good hands. I read a statement last night as to your great efforts. You always successfully manage a bill, and when this is enacted into law within the next 6 weeks I am sure it will be another great tribute to you.

The legislation is most worthy and deserving. I just wish that the world conditions would permit us to go much farther in the way of expansion of the program. The need is great throughout America. Be that as it may, this bill is a positive and constructive step forward.

Mr. DANIELS. Thank you, Mr. Chairman.

For the benefit of all persons sitting in the room this morning, the gentleman who just addressed the Chair is the Chairman of the Full Committee, the Honorable Carl Perkins, of Kentucky, a great champion and leader in the field of rehabilitation services long before I came to the Congress. I would like the record to show that, because with your guidance, and your help, and your assistance, Mr. Chairman, we hope to get this bill before the House and passed within the next five or six weeks.

Mr. PERKINS. Thank you.

Mr. DANIELS. I would like to make a part of the record the bills that we have under consideration here today:

H.R. 15827, which is sponsored by me, Chairman Perkins, and a number of other members of the Education and Labor Committee.

H.R. 16134, sponsored by Chairman Perkins and me.

Also, House Joint Resolution 811, sponsored by Chairman Perkins and a number of the members of the full committee.

STATEMENT OF E. B. WHITTEN, EXECUTIVE DIRECTOR, NATIONAL REHABILITATION ASSOCIATION, WASHINGTON, D.C., ACCOMPANIED BY KENNETH POHLMAN, CHAIRMAN, REHABILITATION POLICY COMMITTEE

Mr. DANIELS. Our first witness this morning is Mr. E. B. Whitten, executive director of the National Rehabilitation Association of Washington, D.C.

Mr. Whitten, please step forward to the witness table.

Mr. WHITTEN. Thank you. With me is Mr. Kenneth Pohlman, chairman of the rehabilitation policy committee of the National Rehabilitation Association, who will be available, along with me, to answer any questions that might arise in the course of the hearing.

Mr. DANIELS. We welcome you.

Mr. Whitten, you have been a strong supporter of rehabilitation legislation and have testified a number of times before our subcommittee. Your testimony has always been of invaluable assistance to the committee. I know you have given the legislation before the subcommittee this morning careful consideration, and we appreciate your views.

Mr. PERKINS. Will the gentleman yield?

Mr. DANIELS. Mr. Chairman.

Mr. PERKINS. Mr. Chairman, I wish to corroborate the statement you have just made. I have known Mr. Whitten for several years but not nearly as long as I have known the gentleman by his side. To my way of thinking he has likewise made a great contribution in the field of vocational rehabilitation and has come before the Committee on Education and Labor along with another gentleman by the name of Paul Strachan. For years they tried to bring about constructive changes in our Vocational Rehabilitation Act that were so badly needed at the time, and through their perseverance we finally made a breakthrough. I think it was 1953 or 1954. It is a great pleasure you have selected such a witness to be before your subcommittee.

Mr. DANIELS. Thank you, Mr. Chairman.

Also seated at my right is the Honorable Member of Congress from the great State of California, Congressman Hawkins.

You may proceed.

Mr. WHITTEN. Mr. Chairman, I want to ask there be inserted in the record at this point my entire statement which members of the committee have before them.

Mr. DANIELS. Without objection, it is so ordered.

(The statement referred to follows:)

PREPARED TESTIMONY OF E. B. WHITTEN, EXECUTIVE DIRECTOR, NATIONAL REHABILITATION ASSOCIATION

Mr. Chairman, the National Rehabilitation Association is a national voluntary organization of 30,000 individuals and 600 agencies, all of whom have a major concern for the care and rehabilitation of handicapped people. The membership of the Association is largely professional, but not exclusively so. It includes a large number of administrators, counselors, and physicians, and smaller numbers of social workers, physical therapists, occupational therapists, speech and hearing pathologists, and other professionals active in rehabilitation. Its 7,000 lay members are public-spirited citizens who have a lay interest in the rehabilitation of handicapped people in their respective communities and who support the National Rehabilitation Association as one method of achieving their aims of more comprehensive and better services for handicapped individuals. Members of the Association work in the state-federal rehabilitation programs and other federal agencies, rehabilitation centers, sheltered workshops, voluntary health agencies, etc. Today, we are speaking principally to the provisions of HR 15827, entitled the "Vocational Rehabilitation Amendments of 1968". We received a copy of the Administration bill, HR 16134, while this testimony was being written and will comment on some of its provisions.

In general, let me say that we strongly support the provisions of HR 15827. We also support House Joint Resolution 811, which would remove ceilings on appropriations for the President's Committee on the Employment of the Handicapped. In the process of our testimony, we shall also suggest an amendment to HR 15827, which would provide for minimum allotments to the states, and a series of amendments to the Randolph-Sheppard Vending Stand Act.

CURRENT STATUS OF VOCATIONAL PROGRAM

The members of this committee are too familiar with the purpose, method of operation and achievements of the state-federal vocational rehabilitation program to make it necessary to enter into any exhaustive analysis of the history and details of the program. Its prime purpose, of course, is to help handicapped individuals achieve the ability to live independently and make their maximum possible contribution to the welfare of their Nation. It is among the oldest of the grant-in-aid programs of the federal government, and, by general agreement, one of the most successful such programs. Since 1954, the program has included significant research and training efforts and a limited program for the establishment of rehabilitation facilities.

The 1965 amendments to the Vocational Rehabilitation Act, which were developed by this subcommittee, have made a most significant contribution to making the rehabilitation program more effective. Particularly significant has been the large increases in the number of individuals referred to the rehabilitation agencies for service, the large increase in the number of people actually receiving service, and the numbers of people rehabilitated into employment. The latter number during the last fiscal year was about 175,000, and indicators point to a total of more than 200,000 for the current fiscal year.

Another most significant aspect of the program has been its movement into areas in which programs have been sketchy, to say the least, in earlier years. This movement, in many instances, has been characterized by cooperative arrangements between the rehabilitation agencies and other public and voluntary agencies with whom they share responsibility for the total welfare of handicapped individuals. For instance, arrangements with correctional systems for the rehabilitation of adolescent handicapped students; with the mental health and mental authorities in the states, for the rehabilitation of the mentally ill and mentally retarded. Accompanying this growth in state and federally supported activity has been comparable growth in the voluntary rehabilitation movement. The state rehabilitation agencies and the voluntary rehabilitation agencies, particularly workshops and rehabilitation centers, have a long history of effective cooperative effort. In fact, it may be said that rehabilitation has pioneered in the interagency relationships about which we hear so much in other context these days.

It is encouraging, therefore, to be able to state that all evidence indicates that the 1965 Amendments were wise legislation and that the law is accomplishing the purpose that members of this committee hoped it would.

HR 15827, GENERAL PURPOSE

The purpose of HR 15827, speaking in general terms, is to extend and increase appropriation authority for the various sections of the Vocational Rehabilitation Act, update the definitions of rehabilitation services and rehabilitation facilities, strengthen the state plan requirements, and establish a separately financed program of vocational evaluation and work adjustment services to serve the clients of the rehabilitation agencies and other agencies. We shall follow this order in discussing the bill.

Appropriation authority, sec. 2 (page 1–2)

Section 2 is the basic grant-in-aid program to the states to assist them in rehabilitating handicapped individuals. The appropriation authority under this section for the 1968 fiscal year is $400 million. Under current legislation, the appropriation authority will be $500 million for fiscal 1969 and $600 million for fiscal 1970. In this bill, appropriation authority is extended for two additional years, with $750 million authorized for 1971 and $850 million authorized for 1972. These figures have been carefully arrived at and are such as to assure an orderly development of the program and a steady increase in the number of individuals served and rehabilitated. Since states do not appropriate enough money to match all of the federal money allotted to them under this section, the actual appropriations will be considerably less than the amounts authorized.

Appropriation authority sec. 3 (page 2)

Section 3 is a program of grants to the states for innovation of vocational rehabilitation services. Appropriation authority for this section expires June 30 of this year. HR 15827 extends the authority through June 1972 with authorizations of $11 million, $13 million, $15 million, and $17 million respectively for the 4-year period. This section has been found very useful in encouraging the states to undertake new activities with which some risks are associated. Appropriations under this section have never been as large as authorized under existing law. Even so, some states have not used all of the funds allotted to them under this section. In the Administration bill, it is proposed that the Secretary be given the authority to reallocate unused funds. We support this provision.

Appropriation special projects, sec. 4 (page 2)

Section 4 authorizes grants for special projects in the areas of research, demonstration and training of rehabilitation personnel. Appropriation authority for this section expires June 30 of this year. In HR 15827, appropriation authority is extended four years, with $95 million, $110 million, $125 million, and $140 million, respectively, authorized for this period. The value of this program has been tremendous. It has been permitted the launching and carrying out of a substantial program of training for rehabilitation personnel and it has assisted in financing hundreds of special projects, many of which have contributed substantial knowledge as to how the problems of disability can be most effectively attacked. It is through this section that the regional research and training centers are financed. In the period of expansion which appears to be before us, it is extremely important that appropriations be sufficient to enable this part of the program to make the contribution that will be so badly needed. It has been a disappointment that appropriations during the last two or three years have not equaled authorizations.

Definition of rehabilitation services to individuals (page 5–6)

Rehabilitation services are defined in Section 11 of the Vocational Rehabilitation Act. The basic character of the definition comes from the 1943 legislation. The rather unusual wording one finds in the definition results from the fact that certain services were to be provided contingent upon economic need, certain others were not. Currently, the determination of economic need is not required in the

Vocational Rehabilitation Act for any services. This makes it possible to simplify and update the definition of rehabilitation services. In HR 15827, there appears a new, easier to read and understand definition. In the following paragraphs, we shall call attention to the few changes in the definition that would result in broadening the concept of rehabilitation services.

Follow-up services (page 5)

The definition of rehabilitation services is revised to include follow-up services to assist the handicapped individual to maintain himself in employment. At the present time, the law has been interpreted to mean that the rehabilitation agency must "close" a case as soon as the agency finds that the individual has been suitably placed and is likely to be able to continue in employment. This has been variously interpreted as from one to three months after closure. This definition of "closing" a case is utterly unrealistic in light of the kinds of handicapped people who are being served these days. This is notably true of the mentally retarded, some of the mentally ill, paraplegics, etc. It is not contemplated here that the vocational rehabilitation agencies will necessarily attempt day-by-day supervision of these cases. They might contract with other agencies to maintain supervision, or develop a program to contact on a periodic basis certain rehabilitated cases, to see, for instance, that such individuals go back to physicians for treatments, are not having unusual employment difficulties, etc. This service will prevent the breakdown of many rehabilitation programs.

Family allowances (page 6—item 5)

At the present time, Section 13 of the Act includes authority to pay family allowances and training costs for handicapped individuals undergoing training in workshops or rehabilitation facilities. Twenty or thirty projects of this kind have been developed. The amendment proposed in H.R. 15827 extends the authority to pay family allowances to other handicapped individuals in training. In other words, it would extend to handicapped people in general the benefits that are now accorded to a few in Section 13. The Secretary would limit the amount of family allowances by regulation. Currently, the limitation on allowances under Section 13 approximates the limitation on stipends paid to individuals and families under the Manpower Development and Training Act.

This seems to be a reasonable amendment. Certainly, the total family needs should be taken into account in determining an individual's living expenses while he is undergoing rehabilitation. The inability to do this has long been a weakness in the vocational rehabilitation program.

Services to family members (page 7—item 10)

In Subsection 10 of Section 5, the definition of services has been revised to include services to other family members when such services contribute substantially to the rehabilitation of the handicapped individual. This might mean transportation of the family to a place of employment along with the husband. It might mean training the wife of a blind person to work with him in a vending stand, etc.

Other facilities and services (page 6—item 8)

In Subsection 8 of Section 5 which authorizes construction and establishment of facilities, the definition is extended to include "other facilities and services which promise to contribute substantially to the rehabilitation of a group of individuals but which are not related directly to the rehabilitation plan of any one handicapped person." This provision would permit a vocational rehabilitation agency to assist in removing architectural barriers at a potential place of training or employment, when this would contribute to the rehabilitation of groups of individuals over a period of time, or permit the agency to assist in the purchase of a bus which might be used to transport the clients of an agency from building to building on a college campus, or serve in like situations. Currently, if a grant of this kind can be made at all, the cost of the service must be divided by the total number of individuals who profit from the use of the service or facility, and must be accounted for as individual case service cost. This is an unnatural way of doing things, and the difficulty discourages action.

Rehabilitation facilities (page 7—item C)

The present law draws an unnatural distinction between rehabilitation facilities and workshops, both of which are really rehabilitation facilities. For instance, the Joint Commission on Accreditation of Rehabilitation Facilities accredits both kinds of facilities under one framework. These *two* definitions in the Vocational Rehabilitation Act contribute to confusion, since they run counter to the generally accepted use of the terms. HR 15827 contains a definition of a rehabilitation facility which clears this up. It will be noted that it makes clear that the term "rehabilitation facility" means a rehabilitation center, a workshop or other facility operated for the purpose of assisting handicapped people. It will then be noted that such a facility will be considered for the purpose of the Act in terms of the services it renders, rather than what it may be called. This is a much more modern concept of the rehabilitation facility. This terminology is, in general, much more acceptable to the rehabilitation movement. We have not attempted to change the kind of rehabilitation facilities that might be established under the Vocational Rehabilitation Act. This is merely clean-up language, but it is important.

Construction (page 6—item 8)

The definition of rehabilitation services has been revised to include new construction as well as expansion and alteration of existing buildings. In Subsection C of Section 4 of the bill a limitation of 10% has been placed upon the proportion of Section 2 allocations that can be used for construction.

The importance of this change cannot be overestimated. As already indicated, Section 2 funds can be used for expansion and alteration but not for new construction. Even with these limitations, it has proved to be a popular program, and approximately $12 million of Section 2 were spent on expansion and alterations during the last fiscal year. An amendment, commonly called the Laird Amendment, permits the use of private money as state money to match federal money for such construction, and the appropriation bill for this year limits the amount of private money to be so used to $10 million.

The fact that the allocations can be used for expansion and alteration but not construction has resulted, in a sense in those who already have something being permitted to expand it, while those who have practically nothing, or whose facilities are not appropriate for alteration and expansion, getting nothing. We recognize, however, that the primary purpose for which Section 2 funds are appropriated are to assist in paying the cost of services to individuals, and we believe that a restriction upon the proportion of the allocation that can be used for construction should be specified in the Act. Ten per cent appears to be a reasonable proportion.

Federal share under section 2

Within the allotments made to the states, the federal share of the cost of the vocational rehabilitation program is 75% in all of the states. The 75% ratio was incorporated in the 1965 Amendments, the state's share before that time varying from 50% in the highest income states to 70% in the lowest. This change in the federal share has been of tremendous value in the expansion of the program. In fact, without this more liberal federal share, it is difficult to see how very much progress could have been made within the last two years.

In the meantime, other legislation has been passed by the Congress involving different and higher federal shares. For instance, the federal share under most of the titles of the Economic Opportunity Act is 90%, and the state or local contribution can be either in cash or kind. The federal share of the Manpower Development and Training Program is also 90%. The new work incentive program for welfare recipients included in the Social Security Amendments of 1967 calls for an 80% federal share of the cost of the work and training services, and the 20% state share can be in cash or kind.

The difference in the federal ratio in the various programs mitigates against joint funding and other cooperative undertakings on the part of the agencies involved. Naturally, the agency with the lower federal share is at a distinct disadvantage, since a state dollar will purchase more federal dollars under the higher federal ratio than it does under the lower. As a matter of public policy, we believe that Congress should take a look at all of the formulas now applying to these programs, group them into certain categories, and try to equalize the federal shares. In the meantime, we see no other course than that the committee consider raising the federal share of vocational rehabilitation services to make the federal share comparable to that in other programs. We are suggesting that the committee take immediate action to raise the federal share to 80%. As it does this, we hope it will authorize a study to be made of the federal shares leading to a consideration of whether or not the federal share of the vocational rehabilitation program should be raised to 90%.

Plan requirements

The vocational rehabilitation program operates on the basis of contracts between the federal government and the states, which are called state plans. These plans specify the requirements which the state must meet in order to secure the funds to assist it with its programs. This legislation embodies several important additions to the plan requirements.

Pooling funds and authority (page 3—Sec. 4(a))

Although it might be referred to technically as a requirement, the first of the changes is actually a liberalization. Section 5 of the Vocational Rehabilitation Act specifies that the program shall be administered by a "sole agency". This has been interpreted to mean that any federal vocational rehabilitation funds spent by the state must be dispensed under the direct control of the single state agency which administers the program. This requirement has certain virtues, in that it prevents the fractionalization of the program by dividing its functions among several agencies, etc., but its total application is a distinct disadvantage in certain other ways.

Much stress has been put on coordination of effort and joint efforts, yet the law makes it difficult for a state vocational rehabilitation agency to pool its funds with the funds of another agency to develop a program to serve clients for whom both agencies have some responsibility. The proposed change would permit the Secretary of Health, Education, and Welfare to waive the sole agency rule at the request of the state, when he finds that such action will contribute to a more effective accomplishment of the purposes of the Vocational Rehabilitation Act. For instance, a state vocational rehabilitation agency and a state manpower agency might want to develop a joint project to serve the needs of handicapped and otherwise disadvantaged individuals. If both agencies had the authority to do so, they could enter into an agreement for pooling their funds and sharing administrative responsibility for the program. For several years, the Congress has been considering general legislation to accomplish this objective in all of the grant-in-aid programs, but a law has not yet been passed. We would like to see the state vocational rehabilitation agencies in a position to experiment in this kind of joint effort. Since these agencies have long experience in working with other agencies, both public and voluntary, we feel that they are better able than any other agencies we know of to initiate such programs successfully.

Statewide planning (page 4—item 13)

In 1965, Congress included in the vocational rehabilitation legislation specific authority for a two-year federally financed statewide planning effort. Since some of the states were not able to begin their planning the first year, a third year of appropriation authority was granted in the 1967 amendments. Planning should be, of course, a continuous process, rather than a spasmodic effort. It is not thought, however, that it is necessary to have earmarked appropriations for planning for an indefinite period of time. This legislation proposes, therefore, that a plan requirement specify that a state vocational rehabilitation agency must conduct a continual planning operation as a part of its regular program. That planning will be financed under Section 2. By putting this requirement in the federal law, state administrators inform us that their positions will be strengthened in working to establish the positions that will be required to enable them to hire the people necessary to continue the planning. It is hoped that in many instances planning staffs developed for the two-year program can be continued by the agency to exercise leadership in continuing planning efforts.

Limitation on construction (page 4—item 14)

It has already been pointed out that rehabilitation services have been defined in H.R. 15827 to include new construction, as well as expansion and alteration of existing buildings. The bill also contains a statewide planning provision dealing with this subject. In Subsection (c) of Section 4 of the bill, it is stated that in cases where state plans include provisions for the construction of rehabilitation facilities, the federal share of the cost of construction thereof for a fiscal year will not exceed an amount equal to 10% of the state's allotment for such year, and that the provisions of Section 12 of the Vocational Rehabilitation Act shall apply to such construction. The latter clause means that the same standards that apply in the construction program under Section 12 will apply to new construction under Section 2. As we have already indicated, we feel strongly that this amendment should be enacted.

Vocational evaluation and work adjustment (pages 12–18)

Section 8 proposes a new section of the Vocational Rehabilitation Act aimed at increasing the resources of the state vocational rehabilitation agencies for the provision of vocational evaluation and work adjustment services to handicapped and other disadvantaged individuals.

The vocational rehabilitation agencies have long recognized the fact that a thorough evaluation of the nature and extent of one's disability and his potential for rehabilitation, including employment, is the necessary foundation for a sound plan for the individual's rehabilitation. This lesson has been learned by hard and sometimes costly experience. This process is just as necessary, sometimes more necessary, for those whose disabilities stem from environmental factors as it is for those whose disabilities stem principally from physical or mental impairments. Yet an analysis of existing programs aimed at the training and employment of disadvantaged people will reveal that this ingredient, as a regular agency procedure, is missing in all such programs except vocational rehabilitation.

The vocational rehabilitation agency, with long and successful experience in providing comprehensive evaluation services to its clients, is the best equipped by working philosophy and experience to provide this kind of service. The agency's function should be expanded to authorize it to make work evaluation and such work adjustment services available to the clientele of other community agencies who share responsibility for serving disadvantaged people. It is anticipated that the service will be of particular value to public welfare agencies, state employment services, community action programs of the Office of Economic Opportunity, and to a multitude of voluntary organizations with similar objectives, some of which are attempting to provide such services now. Many other agencies will use the services.

WORK ADJUSTMENT

This program was referred to as vocational evaluation and work adjustment. These two functions are different, but they are ordinarily carried on together. For example, while an effort is being made to evaluate the rehabilitation potential of the individual, the individual is being helped to develop the characteristics that will be necessary to succeed in a work environment. For instance, he will be taught the meaning of work, the importance of being on time, following directions, reacting positively to constructive supervision, personal hygiene, how to apply for a job, etc.

HOW THE PROGRAM WILL WORK

The work evaluation and work adjustment program will work in this way: The focal point will be a vocationally oriented rehabilitation facility which includes a workshop, since the availability of work for clients undergoing evaluation and adjustment is a most important element in many cases. The facility may be operated by a state vocational rehabilitation agency or by a voluntary agency. If operated by a voluntary agency, the state vocational rehabilitation agency will have a contract with the facility.

Incidentally, vocational rehabilitation agencies now have contracts with virtually all leading workshops and rehabilitation facilities in the country for the provision of services to the vocational rehabilitation agency clients, and some state agencies operate their own facilities.

The facility will be staffed with professionals in the areas of psychology, counseling, social work, medicine, and work evaluation, and subprofessionals who will include assistants to the professional workers, community contact workers, etc. In most instances, all of the personnel will be under one roof although in some instances a professional service may be on a part-time basis under contract. The services of all of these individuals will be coordinated and directed toward the central goal, which is to determine the vocational rehabilitation potential of the individual and to start him on his way toward rehabilitation.

This is a truly unique aspect of the kind of evaluation we are trying to describe. It is far more effective when done this way in contrast to what might be called the ordinary method of sending an individual to a physician, getting a report; sending the individual to a psychologist, getting a report; sending him to a rehabilitation counselor, etc.

As already indicated, the facility will provide work of such variety as to assist in testing the work habits, vocational skills, and social behavior of the individual. Professional people will observe closely the behavior of an individual as he works. Wherever practical, dormitory facilities will be available to the clients, since many of them will be in the evaluation program for some time.

The vocational rehabilitation agency will continue to use the evaluation program for its own clients. In addition, to the extent such resources are available, the services of the evaluation center will be available to the clientele of other agencies. Such agencies, public or voluntary, will refer the individuals to the state vocational rehabilitation agency for the evaluation. The agency will decide the facility most appropriate for the evaluation of a specific individual.

Evaluations will require only two or three days in some cases, several weeks in others, the exact time to be determined by the nature and severity of the client's problem. At the conclusion of the evaluation period, a report will be made by the rehabilitation agency to the referring agency. The report will state clearly in lay language the nature of the individual's handicap, including his physical, emotional, educational, and skill aspects, his ability to work with other people, etc.

RESPONSIBILITIES SUMMARIZED

The agency doing the evaluating will have responsibilities which may be summarized as follows:

1. Making a thorough evaluation of the individual's potential and begin a program of adjustment as appropriate.
2. Making a report and recommendations to the referring agency.
3. Counseling with the referring agency and developing a plan for the individual.
4. Providing work adjustment and other services as required.
5. Referral of individual to the agencies selected to provide services.
6. Follow-up with receiving agency to see that a plan of services is initiated.
7. Keeping records that will permit follow-up and evaluation of the program as a whole.

It is felt that the initiation of such a vocational evaluation and work adjustment program on a community basis will do more than any other action possibly could to bring order, purpose, and direction to all programs aimed at helping severely disadvantaged people become independent. Undoubtedly, the availabiilty of such services will increase the percentage of success on the part of all agencies which use the facility, while reducing the number of expensive programs provided for people not suited for such programs. It will, in the long run, save far more of agency resources than it will cost.

INITIATING PROGRAM

It will take a long time to get a program of this kind working everywhere it is needed, providing services ample to take care of the communities' handicapped people. However, since the vocational rehabilitation agency is already engaged in such activities for limited numbers of their own clients, these agencies will be able to move directly and quickly to expand the availability of these services, so there would not have to be a period of one or two years of so-called "tooling up." Whatever directions OEO, Manpower Development and Training, Welfare, Social Security, and rehabilitation programs go in the future, this program will be a bedrock service, becoming constantly more effective. The country can ill afford to postpone any longer the initiation of such a program on a large scale. It is not assumed that all the clients of all agencies dealing with disadvantaged people would be sent to such evaluation centers. A high proportion of such individuals may not need the service. Those who will profit most will be the real problem cases, those whom counseling interviews reveal as having problems of some kind that require other than the usual routine treatment. The use of the service by other agencies will be entirely elective.

Methods of financing these evaluation programs are important concerns. The vocational rehabilitation agencies should have funds appropriated for that purpose to enable them to establish and expand the evaluation centers, and provide the service to their own clients. Ideally, the cost of evaluation services for clients of other agencies should be borne by the rehabilitation agencies. It will cost no more to do it this way and delivery of services will be facilitated. The availability of the service to their clients without cost to them will encourage its wider use, particularly in the beginning.

FISCAL

The federal share of this program would be 90%, the same as the federal share of OEO and MDT programs. It could hardly succeed with a less favorable ratio. The method of allotment is population and per capita income equally weighted. Under Section 2, per capita income is given extra weight.

Fortunately, there is precedent for the kind of program we are asking the committee to establish in this legislation. Later in the hearings representatives of the Georgia Rehabilitation Agency, which operates an evaluation and work adjustment center in Atlanta and the Vocational Guidance and Rehabilitation Services, a voluntary agency in Cleveland with a broad community centered program which includes a strong vocational evaluation and work adjustment component will testify before the committee explaining their programs and showing how HR 15827 will serve the needs of the handicapped.

The contribution of the vocational rehabilitation agencies in evaluating the rehabilitation potential of disadvantaged individuals has been recognized by people outside the rehabilitation movement. For instance, G. L. Mangum and L. M. Glenn, in a recently issued booklet entitled "Vocational Rehabilitation and Federal Manpower Policy," a publication of the Institute of Labor and Industrial Relations of the University of Michigan, mention that in the cooperative programs between rehabilitation and other agencies, a ". . . key element in vocational rehabilitation's participation has been the provision of evaluation services. Indeed, some observers suggest, that if a coordinated manpower program were ever established, vocational rehabilitation could make a unique contribution in this area. Its experience in evaluating client's eligibility has broader ramifications in determination of the individual potential of the competitively disadvantaged and the techniques required to bring these people into the mainstream of society".

Andrew R. N. Truelson, chief of the Office of Special Services, Assistance Payment Administration, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, emphasized this role for the vocational rehabilitation agency even more strongly in a paper entitled "Title V Work Experience and Training Programs: Effect on Persons Eligible for Public Assistance." He called attention to the effective cooperative programs between state welfare and vocational rehabilitation agencies, most of which had been demonstration projects. He states that ". . . vocational rehabilitation involvement at an earlier stage could avert some costly failures and contribute to ultimate success. We hope to explore vocational rehabilitation participation in planning and development of work and training projects, provision of evaluation services to identify disability and assess needs and potentials of persons considered for these projects, provision of other vocational rehabilitation services, use of workshops and rehabilitation facilities, on a pilot basis in both the Title V and the regular public assistance program."

APPROPRIATION AUTHORITY FOR REHABILITATION FACILITIES UNDER SECTION 12

The appropriation authority for construction of rehabilitation facilities under Section 12 expires June 30, 1968. Maximum appropriation authority under present legislation is $9 million for fiscal 1968. Actually, not over one-third of this amount has ever been appropriated. This has been a great disappointment, since the need for rehabilitation facilities is great. A survey of state needs has indicated that far greater sums than are currently authorized can be effectively used. Accordingly, we are supporting the provisions of HR 15827 which provide $35 million for fiscal 1969, $40 million for fiscal 1970, $50 million for fiscal 1971, and $60 million for fiscal 1972.

NATIONAL POLICY AND PERFORMANCE COUNCIL

Section 13 of the Vocational Rehabilitation Act establishes the National Policy and Performance Council, the functions of which are to advise the Secretary with respect to policies and criteria to be used by him in determining whether or not to make grants to workshops for training services and as to whether or not the workshop improvement program is accomplishing its purposes. In HR 15827, the name of this Council is changed to the National Rehabilitation Facilities Council. Its function is broadened to include advising the Secretary with respect to policies and criteria to be used by him in determining whether or not to make grants for establishing and improving rehabilitation facilities under Sections 12 and 13 of the Act and with respect to standards applicable to facilities to be constructed under Section 2 of the Act and to perform other services with respect to rehabilitation facilities as the Secretary may request.

It will be indicated that section broadens and upgrades the function of this Council. We believe it will prove to be a very useful instrument in assisting the Secretary to develop policies in connection with this very important aspect of rehabilitation endeavor. We hope the committee will see fit to make this change.

WORKSHOP IMPROVEMENT AND TECHNICAL SERVICES

The workshop improvement program and the technical assistance programs operate under Section 13 of the Vocational Rehabilitation Act. These are new programs which were started with the 1965 legislation. They have proved very helpful programs and should be renewed and extended.

In the course of the administration of these programs, it was found that technical services, provided through panels of consultants approved by the Secretary of the Department of Health, Education, and Welfare, was considered a salary and expense item. This has mitigated against the growth of the program. In HR 15827, workshop improvement and technical services have been brought into a new section, with a definition that includes both functions, and Congress will appropriate specific sums for these programs. This will mean that agencies utilizing the technical services will be required to pay a "part" of the cost of the technical services. Consultation we have had with facility people indicates that this will not be a barrier to the constructive use of the federal funds to be appropriated for this purpose.

With respect to appropriation authority for the combined programs, including the training services projects, HR 15827 authorizes $16 million for 1969, $20 million for 1970, and $24 million for 1971.

PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED

The National Rehabilitation Association wishes to join the President's Committee on Employment of the Handicapped in requesting that the bill to be reported by this committee contain House Joint Resolution 811, the purpose of which is to remove the present limitation on the amount authorized to be appropriated for the work of the President's Committee on Employment of the Handicapped. Currently, the limitation on appropriations is $500 thousand per annum. We think members of this committee know that the President's Committee is doing an excellent job in mobilizing public sentiment of the country in support of employment opportunities for physically and mentally handicapped people. The small appropriation to carry on this work generates millions of dollars worth of voluntary effort in support of programs for rehabilitation and placement of handicapped people. It has become a tedious and rather monotonous process to have to come to Congress every two or three years to ask that the appropriation ceiling be raised. We feel that the committee is operated economically, that its history of accomplishment thoroughly justifies Congress in removing appropriation ceilings, which will permit the appropriations committees of the Congress to decide on a year-to-year basis what the needs of the Committee are and how they can best be met.

MINIMUM ALLOTMENTS

As indicated in another part of this testimony, Section 2 funds are allotted to the states on the basis of two factors, per capita income squared and population. There is no minimum allotment. The formula for allotment and the fact that there is no minimum allotment works a hardship on a few states, particularly those with relatively high per capita income and a low density of population. For instance, of a total allotment of $400 million, the allotment to Alaska for the 1968 fiscal year is only $356,955. It is evidently quite impractical to operate a comprehensive statewide program on this amount of support.

We are, therefore, supporting an amendment which we understand has been introduced by Mr. Pollock of Alaska which would provide that the allotment to a state be not less than one-fourth of one per cent of the total amount allotted and that the allotment to Guam and the Virgin Islands be not less than one-eighth of one per cent of the total allotted. The only states which would be affected by this amendment are Alaska, Nevada, Wyoming, and Delaware. In each instance, for fiscal 1968, the allotment would have been $1 million, and for Guam and the Virgin Islands one-half of that amount. Consideration has been given to different approaches to minimum allotments, and it is felt that the percentage basis will operate the most fairly. We hope the committee will adopt this amendment.

RANDOLPH–SHEPPARD AMENDMENTS

The Randolph-Sheppard Vending Stand Act (Public Law 732 of the 74th Congress) has for its purpose providing blind persons with remunerative employment, enlarging economic opportunities of the blind, and stimulating the blind to greater effort in striving to make themselves self-supporting. To accomplish this purpose, blind persons licensed under the provisions of the Act are authorized to operate vending stands on federal property. The Act clearly indicates that preference shall be given to the blind in the operation of such stands.

In recent years, some problems have risen with regard to the administration of this Act. The time seems to have come to clarify the intent of Congress, strengthen the preference provisions of the law as it relates to opportunities for the blind, and to regulate the use of vending machines in buildings in which blind people are operating stands.

With this in mind, a series of amendments to the Randolph-Sheppard Act has been prepared in cooperation with the National Council of Agencies for the Blind and other organizations of the blind concerned with this problem. It had been anticipated that these amendments, or similar ones, would be included in the Administration's bill. Since they are not included in either of the bills now before the committee, the National Rehabilitation Association wants to insert them in the record at this point as an additional section of HR 15827. The National Rehabilitation Association is supporting the amendments. Since a representative of the Council of State Agencies for the Blind will appear before the committee later in the hearings to discuss in detail the purpose of the amendments and their effect, we shall not go into detail about them at his time.

Mr. WHITTEN. Mr. Chairman, I want to explain a point of view which the testimony of the National Rehabilitation Association has presented. It will be based largely on H.R. 15827, the bill which was sponsored by you and numerous other members of the House Committee on Education and Labor. We shall, however, refer to the administration bill H.R. 16134 at times.

Since we have not had an opportunity to discuss with officials of HEW the precise meaning and applications of some of their proposals, and the witnesses for the Department have not yet testified, we may want to present to the committee a supplementary statement after the administration witnesses testify tomorrow.

Mr. DANIELS. That will be perfectly in order, Mr. Whitten.

Mr. WHITTEN. Thank you, sir.

We appreciate very much the fact that you and Mr. Perkins and, I believe, 22 additional Members of Congress were willing to sponsor this legislation. We consider it to be an evidence of confidence in the program which we are representing and thoroughly justified, but this is a real tribute and we really did feel mighty good when we found so many people had offered to do this.

Mr. Chairman, you have given such an excellent summary in your general statement I think it is unnecessary for me to go into any detail with respect to the general purposes and to outline the program in advance, so we shall proceed immediately to discuss the various parts of the bill and what they can mean to handicapped and other disadvantaged individuals.

We shall do so by grouping our comments into four or five major divisions: First having to do with the appropriation authority under the various sections of the bill: then the definitions of rehabilitation services and rehabilitation facilities; then certain additional plan requirements that are suggested; and finally a more comprehensive discussion of the evaluation and work adjustment program which, as you said in your beginning statement, is one of the important aspects of the legislation.

First, discussing the appropriation authority, I know the realism of members of this committee lead them to know that the heart of any legislation is the question of whether enough money is going to be put into it to enable it to achieve its objectives.

In H.R. 15827, appropriation authority is extended through 1972 for all of the programs. I want to take them up briefly, section by section.

Section 2, as you know, is the basic program of grants to the States for vocational rehabilitation services, and appropriation authority is already in the law for 1969 and 1970, this having been done in the 1967 amendments. The authority is being extended in this bill for 2 additional years with $750 million and $850 million recommended for those years.

It probably should be said here that not all of this amount will be spent, if history is to be of any value in making predictions, since not all of the States have been able so far to match all of the money allotted to them by the Federal Government. Actual appropriations will probably run about two-thirds of this amount.

The important thing here is that Congress will be declaring that within the limitation of these allotments, it wants this program to grow, so that it may achieve the purposes that Congress has long sought for it.

Commenting on the administration's position, the administration does not recommend an extension for additional years. Please understand that there is already a 2-year authority in the present law.

Mr. **Daniels**. The present law runs for what period?

Mr. **Whitten**. Through fiscal year 1970.

Mr. **Daniels**. Before you leave that point, Mr. Whitten, do you think the appropriation authority for the various programs mentioned in the bill is sufficient?

Mr. **Whitten**. Yes, sir, in general, I do, Mr. Chairman. It is always difficult, of course, to predict precisely what needs will be. I would not infer that the total amounts in the bill would do all that the Congress would hope could be done. But we think they are sufficient to assure an orderly expansion of the program without waste, and we think this is important, too; so we think, generally speaking, the sums are sufficient.

Mr. **Daniels**. You did indicate that the administration bill, H.R. 16134, provides funds, or rather it does not go as far as my bill, H.R. 15827, which extends authority for 4 years.

Mr. **Whitten**. That is right.

Mr. **Daniels**. Do you think there is a need to go as far as 1971 or 1972?

Mr. **Whitten**. Mr. Chairman, I think this is going to be one of the issues the committee is going to have to face. We have convictions also on it ourselves. This is an established program. It is not a program that is being tested. We can understand the possible desirability of limited years of appropriation authority in a new bill, when Congress is trying to find out what can be done, but with an established program such as vocational rehabilitation, we believe the authorizations should be spelled out several years in advance.

In fact, it is very confusing for States not to know until very late in the year how much money will be available. We think there should be specific appropriation authority from 3 to 5 years in advance for these programs.

By the way, this has been the administration policy with respect to vocational rehabilitation as indicated by their previous recommendations.

I don't think, Mr. Chairman, it is necessary for me to go through the bill item by item, repeating the figures. They are there in the bill and in the written testimony.

We think the sums will be adequate, but we must also say we do not think any lesser sums will be. Naturally, if appropriation authority is to be extended for 2, 3, or 4 years, it ought to be enough to enable the programs to operate and grow. In other words, we wouldn't want 3 or 4 years' additional authority and no more money, if you understand what I mean by that.

Mr. HAWKINS. Is this 50-50 matching?

Mr. WHITTEN. No, sir; 75 percent Federal.

Mr. HAWKINS. Is the matching program 50-50?

Mr. WHITTEN. No; it is 75.

Well, I believe, then, that is all, Mr. Chairman, I will say about the appropriation authority for these various titles and move on into a discussion of the definitions, or some changes in definitions that are in the bill.

First, with respect to definitions of services to individuals. When the definition that now appears in the legislation was written, some of the services were dependent upon economic need of an individual and some were not. This resulted in a rather complex wording of the definition. This is one that has been difficult for people to understand over the years.

In this legislation there is a redefinition of rehabilitation services, not for the purpose of making broad and sweeping change but to have a clearer definition, one that is easier to understand.

But in writing this new definition, there are three changes that we want to call attention to. The first is that rehabilitation services are defined to include follow-up services, to help maintain a handicapped individual in employment after he has been rehabilitated.

The present law is such, or has been interpreted as such, that cases have to be closed when an individual has been employed a short period of time, and this is rather unrealistic in the light of the kinds of handicapped and disadvantaged people that are now being served. If you put this clause into the law, it would mean that a State agency could make arrangements in some way to see that the most severely disabled people are followed up periodically to be sure they are maintaining the gains that they made during rehabilitation and that their employment is being carried on successfully.

This would be particularly important, for instance, with respect to mentally ill, the mentally retarded, paraplegics and hemiplegics and other severely disabled types.

Another change has to do with family allowances. At the present time, in section 13, there is a special project program that permits stipends to family members of an individual while the individual is in training. Some 20 or 30 projects have been developed, and most of them are just beginning.

The meaning of this amendment to the definition of rehabilitation services would be that the rehabilitation agencies, when the need is found, could make the same provisions for the families of any individuals who are in training on a regular basis, not just under a special project.

It seems unfair that a benefit be extended to an individual and his family because he is in training of one particular kind of place and not be applicable to his neighbor who might have other needs that call for training in another situation.

The third change would be to make the definition of rehabilitation services include family services when these are needed in order to assure the rehabilitation of the handicapped individual. I can illustrate what I mean by that. For instance, now, a rehabilitation agency can pay the transportation of a handicapped individual to a place of employment, they cannot pay the cost of his wife's ticket. Under the amendment this could be done.

Another illustration is that in training a blind man to operate a vending stand, training could also be given to his wife, in order that they might work as companions in carrying on the enterprise.

Other illustrations could be given, but I think these make clear the situation.

These, as I say, are the only changes we are suggesting in the definition of services to individuals, but we are suggesting a change in the definition of rehabilitation facilities and workshops. At the present time there is a dichotomy in the law; there is a definition of a workshop and a definition of a rehabilitation facility, although workshops are rehabilitation facilities, too; the new definition means something like this: that a rehabilitation facility may be either a rehabilitation center or a workshop or another facility which is serving the needs of handicapped individuals.

This, by the way, does not change the nature of the services that would be provided by the rehabilitation facilities that would be helped and it has no cost factor involved in it. It is really cleaning up language which has caused a lot of confusion in the existing law.

Just to illustrate the consistency of what I am talking about, we have now a Joint Commission for the Accreditation of Rehabilitation Facilities that accredit both rehabilitation centers and workshops. We are just suggesting that the definition in the law be put in harmony with common usage.

Almost everyone I know is in favor of this. I haven't run into any objection to it.

At the same time, in this new definition of rehabilitation facilities, there is a phrase which, under the label "other facilities and services," would permit assistance to be given to an organization to provide a service for handicapped people that could not very well be charged to the cost of any one individual's rehabilitation.

What we would like to do under this new provision is to permit an agency, for instance, to remove or assist in removing an architectural barrier if, by so doing, it could make it possible for handicapped people to be trained in a certain training facility or to be employed in a certain employment situation where, otherwise, the individual could not be trained or employed because the barriers were such he could not get into or out of the place, or to permit an agency to assist a college to buy a bus with a lift on it, so it could pick up handicapped people at the curb and transport them from one building to another on the college campus. Such a facility could be used for many years and would serve countless handicapped people, but it seems like a kind of clumsy arrangement to have to charge the cost to individual cases.

The other change in definition has to do with construction. At present, the establishment of rehabilitation facilities is included as a rehabilitation service, but new construction cannot be undertaken under this definition. Under this bill, new construction is permitted as a rehabilitation service with a 10-percent limitation upon the proportion of Section 2 funds that can be used for new construction.

Mr. Chairman, this is a new and important part of this bill, and I want to dwell on it just a little bit. We have a good many States that get allotments under the Vocational Rehabilitation Act that do not use all of the allotment because their legislatures do not appropriate enough to match the Federal allotments. Many of these States have a tremendous need for rehabilitation facilities and, no doubt, the States would be able to find money that could match the Federal money for developing certain rehabilitation facilities.

At present they can use such funds to alter or expand but not to build anything new. This bill opens it up so that 10 percent of the allotment can be used for new construction.

The question might be asked "Why have a limitation?" We think there ought to be a limitation because section 2 is the basic program to provide services to individuals. We do not want a large diversion from this major task; but it will be of tremendous benefit, if 10 percent could be used for this purpose.

There is strong support for this amendment from many quarters. I hope that most serious attention will be given to this. We do not know exactly what its cost will be. The administration bill has a similar provision. I presume they will present estimates. We think probably it would cost us about $15 million additional the first year; that is, that much more of the Federal allotment would be used the first year than would have been used if this provision in the bill were not in the bill.

Mr. DANIELS. If 10 percent allowance were granted under section 2, do you think it would encourage the States to move more rapidly in the area of construction?

Mr. WHITTEN. There is no question about it, Mr. Chairman.

A very important thing to remember is that a rehabilitation facility of the right kind is an absolute essential to a modern program of rehabilitation. One just cannot carry on a modern program of rehabilitation with handicapped people having to be sent to a physician here, a psychologist there, a vocational educator somewhere else. It is only where we can concentrate these services in the facilities that the maximum benefits can accrue to the individuals.

Many States, we think, are going to have additional facilities before they can make any substantial progress in providing more and better services to their handicapped individuals.

By the way, there is an interesting sideline to this. Ordinarily, if it were not for an amendment to the act which Mr. Laird is responsible for, and which is frequently referred to as the Laird amendment, which was instituted in appropriation language a few years ago, private money could not be used as State money to match the Federal money for construction under this bill. Mr. Laird was responsible for an amendment which permits this and each year in the appropriation bill a limitation is put upon the amount of private money that can be used as State money to match the Federal money. This limitation is, by the way, $10 million at the present time.

What this really means is that up to the limit of $10 million, private organization can raise money to build facilities in their own communities, and give this money to the States, which use it to match the Federal money and then can apply the whole sum back to build a facility in this particular community.

If it were not for this provision, the only way private money could get into the program would be by bona fide outright gifts to the State, which would carry no legal obligation to build the facility where the people who gave the money wanted it built.

We understand the Laird amendment is the law of the land, although it does not appear in the copy of the act you have before you. Some consideration, I know, is being given to whether it ought to be actually written into the bill. If you decide this is desirable, we would certainly back you in doing so, because it is a very important principle and one we want to see preserved.

The next item I want to talk about is the Federal share of the program. In your opening statement, Mr. Chairman, you referred to the fact that H.R. 15827 called for a Federal share of 80 percent to the States instead of the current 75 percent. When it comes to what might happen as a result of this legislation, this would be the most important single factor, for even a difference between 75 percent and 80 percent would mean that State money would purchase a great deal more Federal money.

There are two reasons why we are urging that you adopt this clause. I guess you could say there might be many but two particular ones are: In the first place, the programs will expand more rapidly and render more services to more handicapped and otherwise disadvantaged people, and we think this is what everybody wants.

The second point is: It looks like it comes to the point as a practical matter when something has to be done. Most of the titles of the Economic Opportunity Act which carry 90-percent Federal funds and the State contribution can be made either in cash or kind, and the manpower and development and traning program carries 90-percent share, and with the welfare, manpower program providing for the work incentive programs under the Social Security amendments carries an 80-percent Federal share of vocational rehabilitation agencies and these other agencies are to work together effectively, the Federal share of the rehabilitation program will have to be raised.

This is important, and it is costly; I think it ought to be weighed in terms of the entire health, education, welfare, manpower setup that Congress is financing to the tune of several billion dollars a year to see whether this might not be a very, very important contribution in undergirding and improving the whole system.

It looks like a lot of money when thought of just in the context of a relatively small rehabilitation program.

Mr. DANIELS. How much more would it cost by raising the contribution from 75 to 80 percent?

Mr. WHITTEN. Somewhere around $100 million or more if Federal allotments are high enough to match all State funds available.

Mr. HAWKINS. What would it cost to go to 90 percent?

Mr. WHITTEN. Ninety would almost double this amount. Nine to 1 instead of 3 to 1. That would triple the amount of Federal money, you see, that would be used. This would be $400 million or $500 million.

Incidentally, the States are not ready to absorb 90 percent suddenly. I mean if this were adopted as a matter of principle, then I think that some stages would have to be used. I would be afraid of too rapid and probably wasteful expansion if you jumped suddenly from 75 to 90. We could go to 80 this year and in a couple of years to 90 if the Congress feels that the importance of this program to this entire situation which we are in justifies the expenditure.

Mr. HAWKINS. I don't know if you want to get into it, but I wonder if you can justify why States are moving so slowly and so many cannot absorb the increased sharing if the Government's share would be increased substantially. Why are the States not in a position to actually take advantage of it?

Mr. WHITTEN. We have given a good deal of thought to that. We can't say we know positively. It seems like there are different circumstances that prevail in different States, as you would expect.

I think the principal reason is the competition for the State dollar, and, to a considerable extent, this competition is the result of some of the Federal programs I have mentioned. It is going to be very severe in the next year with the States, for instance, launching the 80-percent program for rehabilitation of welfare mothers and fathers.

In other words, when the State budgetary officers sit down to study a situation, I think they have the habit of trying to see where a State dollar will get the most Federal money. There are a good many of the programs where it gets a lot more money somewhere else than in rehabilitation.

This is not the whole story. I know there are times where conservatism in State governments is such that administrations have to change or something else has to happen. Suddenly we get breakthroughs in some States.

By the way, the States are doing well compared with a few years ago, and every year sees considerably more State money coming into the program. I hope the administration may be able to give you more precise answers. We think it is a competition for the dollar, the political circumstances, and the fact—a third, I think we could say—that handicapped people in their programs do not have the pressure lobbies that other groups have that could advance their viewpoints.

There are two or three plan amendments, Mr. Chairman, that are suggested. What I mean by that, is that the requirements would have to be included in State plans. One of them has to do with pooling funds and authority. This is found on page 3 if you are looking at the bill. What we are trying to do here is to permit a State rehabilitation agency to use some of its Federal money along with State money and pool it with money of other agencies in order to develop a project to serve handicapped people in which the State agency would share responsibility for administration with another agency.

This cannot be done under present legislation. One of the administration amendments is to this point, if I understand it correctly.

But what we have in mind principally are these programs in the big cities or the neighborhood centers. For instance, there is the employment service with money and a welfare agency with money, a rehabilitation agency with money, and each agency has to control its money. It becomes a tremendous difficulty to get the money together in one pocket so it can be spent in a unified way.

We are not sure how this would be used. It would not result in any additional expenditure. We would like to see the agencies have authority to do this and see if it would not be an encouragement to bring the agencies together at the local levels for development of projects where two or more agencies share responsibility for the welfare and rehabilitation of a selected group of people.

We think the State rehabilitation agencies have had more experience than any other agencies in working in this kind of situation and, therefore, will be in a good position to succeed with such projects.

Mr. DANIELS. Who would oversee the carrying out of the duties?

Mr. WHITTEN. If a State wanted to take advantage of this clause it would submit a request to the Secretary of Health, Education, and Welfare, who would approve it if he found it to be in the spirit of the law. Then a board of control of some kind would be set up in which each agency that has money in the project would have a representative, and the project would be run by group control.

Any agency that would put money in could pull it out if it didn't prove to be a satisfactory arrangement, but at least it removes a legal obstacle.

A great deal is being said these days about cooperation of various agencies. I don't think too much is being said. A lot of what I hear is very confusing. I think eventually we will have to get down to bedrock and find out what the real obstacles are to agencies' working together. I am sure this is one. It is not the only one, but it is one about which we could do something. We would like to see this tried.

The other plan requirement I would like to mention would require the State rehabilitation agency to carry on a statewide planning effort continuously. In the 1965 amendments there was a 2-year program of grants to the States for statewide planning and the authority was extended so the money could be used a third year.

We do not think it ought to be necessary to have permanent earmarked money for statewide planning. It looks like it is reasonable to expect the State agency to carry on such planning with its regular State and Federal funds. In talking to State agency heads, we find they agree with us. They would like to keep the staffs they have developed for the current planning effort. They say that if the plan requires it, this would assist them in getting the positions established in State government that would be required. I think it could really mean a lot as the years go by, if there is systematic attention given continuously to developing plans to serve the needs of handicapped people. Again, there is no cost factor involved in this.

Now, Mr. Chairman, I want to turn to the vocational evaluation and work adjustment section of this bill which you find on pages 12, 13, 14, and 15 of the bill.

I think that it is important at this point, to turn to page 13 of the bill. I will read precisely what we mean when we talk about evaluation and work adjustment:

> "Evaluation, and work adjustment" as used in this section, includes such services in a rehabilitation facility or workshop and in other facilities and settings as appropriate. Evaluation and work adjustment includes, as appropriate in each case, such services as—
>
> (A) a preliminary diagnostic study to determine that the individual is disadvantaged, has an employment handicap, and that services are needed;
>
> (B) a thorough diagnostic study consisting of a comprehensive evaluation of pertinent medical, psychological, vocational, educational, cultural, social, and environmental factors which bear on the individual's handicap to employment and rehabilitation potential including, to the degree needed, an evaluation of the individual's personality, intelligence level, educational achievements, work experience, vocational aptitudes and interests, personal and social adjustment, employment opportunities, and other pertinent data helpful in determining the nature and scope of services needed . . .

And . . .

> . . . (C) services to appraise the individual's patterns of work behavior and ability to acquire occupational skills, and to develop work attitudes, work habits, work tolerance, and social and behavior patterns suitable for successful job performance, including the utilization of work, simulated or real, to assess and develop the individual's capacities to perform adequately in a work environment . . .

Some time ago, in one of the cities of this country, an analysis was made of the program content of all of the programs that you might say are manpower programs and related programs, and it was found that this was a missing ingredient in every one of the programs except vocational rehabilitation. The one possible exception was that some of the CEP, concentrated employment projects, seemed to be catching on to the importance of this and had begun to use some of the evaluation and work adjustment services available from vocational rehabilitation agencies and others.

Yet this is the most absolutely essential ingredient in any program that aims to try to rehabilitate, in the broadest sense of the use of that word, individuals into employment. A really comprehensive program of this kind can prevent many, many errors of judgment with respect to the kinds of training needs of an individual, prevent a great deal of waste of money, and, most important of all, route, more quickly, handicapped and otherwise disadvantaged individuals into a course that can change their lives to the better.

Our specific proposal is this: that there be a vocational evaluation and work adjustment program financed in a new section of the bill, with a separate appropriation authority, with allotments to be made to the States on the basis of population and per capita income but with a per capita income weighted equally with population instead of being squared as it is in the section 2 program, which gives extra weight to per capita income, and that there be a Federal share of 90 percent of the vocational evaluation and work adjustment program, which is the Federal share of related programs; that these services be made available, first, to handicapped people, who are the clients of the vocational rehabilitation agencies; and, second, made available on a voluntary basis to disadvantaged individuals who may be the responsibilities of other agencies. This would mean that the State or agencies could provide this service to the individuals who are clients of other agencies, without regard to which agency may continue service after evaluation.

By the way, some precedents to this program would indicate it would be very widely used.

Next, I want to tell you how we think it would work. One member of Congress told me once, "Nobody knows how anything will work until the lawyers get through with it, until after the bill is passed," and I guess he has a point, but I will tell you how we think it would work.

Mr. HAWKINS. When you use the word "disadvantaged," in what way are you using it?

Mr. WHITTEN. We are talking of disadvantaged people as being not only the physically and mentally handicapped, as medically definable, but also individuals who are disadvantaged and handicapped as a result of ethnic or social problems, all sorts of maladjustments.

Mr. HAWKINS. Socially, educationally, and otherwise?

Mr. WHITTEN. That is right.

Mr. HAWKINS. The very broadest?

Mr. WHITTEN. That is exactly right; that is what we are aiming at.

Now, the work evaluation and work adjustment program would work in this way: The focal point—and I am going to read a page or two from my testimony, beginning on page 15 at the middle of the page—the focal point will be a vocationally oriented rehabilitation facility which includes a workshop, since the availability of work for clients undergoing evaluation and adjustment is a most important element in many cases. The facility may be operated by a State vocational rehabilitation agency or by a voluntary agency. If operated by a voluntary agency, the State vocational rehabilitation agency will have a contract with the facility.

Incidentally, vocational rehabilitation agencies now have contracts with virtually all leading workshops and rehabilitation facilities in the country for the provision of services to the vocational rehabilitation agency clients, and some State agencies operate their own facilities.

The facility will be staffed with professionals in the areas of psychology, counseling, social work, medicine, and work evaluation, and subprofessionals who will include assistants to the professional workers, community contact workers, et cetera. In most instances, all of the personnel will be under one roof, although in some instances a professional service may be on a part-time basis under contract. The services of all of these individuals will be coordinated and directed toward the central goal, which is to determine the vocational rehabilitation potential of the individual and to start him on his way toward rehabilitation.

This is a truly unique aspect of the kind of evaluation we are trying to describe. It is far more effective when done this way in contrast to what might be called the ordinary method of sending an individual to a physician, getting a report; sending the individual to a psychologist, getting a report; sending him to a rehabilitation counselor, et cetera.

As already indicated, the facility will provide work of such variety as to assist in testing the work habits, vocational skills, and social behavior of the individual. Professional people will observe closely the behavior of an individual as he works. Wherever practical, dormitory facilities will be available to the clients, since many of them will be in the evaluation program for some time.

The vocational rehabilitation agency will continue to use the evaluation program for its own clients. In addition, to the extent such resources are available, the services of the evaluation center will be available to the clientele of other agencies. Such agencies, public or voluntary, will refer the individuals to the State vocational rehabilitation agency for the evaluation. The agency will decide the facility most appropriate for the evaluation of a specific individual.

Evaluations will require only 2 or 3 days in some cases, several weeks in others, the exact time to be determined by the nature and severity of the client's problem. At the conclusion of the evaluation period, a report will be made by the rehabilitation agency to the referring agency. The report will state clearly in lay language the nature of the individual's handicap, including his physical, emotional, educational, and skill aspects, his ability to work with other people, et cetera.

I have summarized the kind of recommendations that this center might make regarding an individual who is going through it.

(1) The client is ready for work, and the kind of work that is most suitable would be suggested.

(2) The client has definite work potential and satisfactory work habits but needs to be taught a skill. Leads will be given with respect to the most profitable area for training.

(3) The client cannot be expected to be successful in competitive employment at this time. He needs help in developing satisfactory work habits which would help him.

(4) The work potential of a client is so low that a lengthy counseling and adjustment program will be required to achieve any degree of success, and recommendations will be made about this or where the individual can't be expected to work. He is going to require support from some other organized force for a long period of time, and recommendations will be made as to what agency can best serve him.

This is a process that the rehabilitation agencies have become very familiar with as they have used the rehabilitation facilities and workshops of the country. The rehabilitation agency in cooperation with the referral agency, will then decide the next steps to be taken and which agency is best prepared to help the individual meet his peculiar need.

For instance, in the fourth case I called attention to, the individual would probably be sent to the welfare department. It might be the rehabilitation agency itself that would serve the individual in case 3. In cases 1 and 2, it would be the employment service, unless the individual is clearly the client of another agency.

Mr. Chairman, this is about the way we see this thing working. I would like to pause here just a moment. I realize we are proposing something that is quite substantial, that it is going to cost some money, with you in detail about it, but I want you to know we, too, are supporting this.

I also wanted to mention the fact that we are supporting the Pollock bill which was offered, I think, as an amendment to your bill which would provide for a minimum allotment to the States of one-fourth of 1 percent, which could be of tremendous help to some of the relatively high-income, thinly populated States such as Alaska, Nevada, and so forth, which, with their minimum allotment under section 2 of the law, have a very difficult time carrying on what you call a reasonable operation under existing law.

We will be glad to comment more in detail on it at any particular time if the committee wants to ask us any different questions; but we also want to introduce at this time for the record a series of amendments to the Randolph-Sheppard Act without comment, because we understand that you may hold a hearing at some later date specifically upon such amendments; but I would like to submit them for the record.

I want to tell you again that if, following the administration testimony, we feel it is desirable to submit other statements, we will do that.

Finally, Mr. Chairman, let me say, in conclusion, handicapped people in this country owe a great debt to Members of Congress, and I say this specifically because I think we all recognize that over the years it has been Congress and particularly this committee which has taken the leadership rather than the administration in much of the expansion we have had in this program.

I don't know a Member of Congress that has ever done anything to help that has not felt it was one of the finest things he ever did. We know how busy you people are with all of the pressures on you and to call this meeting so promptly and have the chairman of the committee as well as of the subcommittee and others present means a great deal to us, and I think you can continue to have confidence that the legislation you pass and the money you appropriate is going to be used wisely and justly for the purpose that you intend it to be used. Thank you.

Mr. DANIELS. You are very kind and generous in your remarks and we want you to know we appreciate your comments. Your testimony has been quite extensive and you certainly have shown great understanding of the legislation that is before us, and your views will receive serious consideration of this committee.

Mr. Chairman, do you have anything to say?

Mr. PERKINS. I just want to thank Mr. Whitten and his associates for their appearance. Your testimony has been excellent, clear, precise and very much to the point. We want you to understand we will do the best we can with it.

Mr. WHITTEN. Thank you.

STATEMENT OF MORRIS BRAND, M.D., CHAIRMAN, BOARD OF TRUSTEES, NATIONAL INSTITUTES ON REHABILITATION AND HEALTH SERVICES

Mr. DANIELS. Our next witness is Dr. Morris Brand of the National Institutes on Rehabilitation and Health Services.

Dr. Brand. It is kind of late in the morning, but "Good morning." I am appearing here as indicated in my printed testimony as Chairman of the National Institutes on Rehabilitation and Health Services.

But I also have the permission to speak for the Amalgamated Clothing Workers of America, with which I am associated, because I am medical director of their Sidney Hillman Health Center in New York.

It is rather difficult for me to expound in any way more thoroughly than Mr. Whitten has expounded on the bills you have proposed. Briefly, I want to say, if I may summarize in the beginning, that we are heartily in favor of H.R. 15827 and we cannot see in any way anything that might be said against it. Everything that might be said or should be said should be in favor of the various components of the bill.

I would like to have the printed copy of my testimony handed in for insertion into the record and just make a few comments on some of the matters which we consider to be the more important parts of the bill as we see it.

Mr. Daniels. Without objection, your statement will be incorporated in the record at this point.

(The statement referred to follows:)

STATEMENT OF MORRIS BRAND, M.D., CHAIRMAN, BOARD OF TRUSTEES, NATIONAL INSTITUTES ON REHABILITATION AND HEALTH SERVICES

Mr. Chairman, Members of the Subcommittee:

My name is Dr. Morris Brand and I am Chairman of the Board of Trustees of the National Institutes on Rehabilitation and Health Services.

It is indeed a privilege to respond to the Subcommittee's request to offer our comments on H.R. 15827, a bill to amend the Vocational Rehabilitation Act.

The National Institutes on Rehabilitation and Health Services is a nonprofit, scientific and educational organization. It was incorporated in the District of Columbia in 1961 for the purpose of conducting research and education programs on the subjects of rehabilitation and health services. Since its incorporation it has designed and conducted a number of research programs and has held well over 100 national, state and community educational programs for persons professionally employed, or who intend to become employed, in the fields of rehabilitation and related health services. In addition, the National Institutes carries forward an extensive program of Communications and Informational Services which widely disseminates reports, program guides, resource materials and other publications on these subjects. The Board of Trustees of NIRHS is comprised of 21 distinguished persons in the fields of rehabilitation, medical care, labor, management and education.

The National Institutes on Rehabilitation and Health Services believes that each of the provisions included in this Bill merits the support of the Congress. There are certain provisions however which we feel are particularly noteworthy, and we would especially like to emphasize their importance.

VOCATIONAL EVALUATION AND WORK ADJUSTMENT

Section VIII of H.R. 15827 proposes to amend the Act by inserting a new Section XIX, which in essence would provide a separately financed program of vocational evaluation and work adjustment, with the federal government paying 90% of the cost of the program within the amounts authorized by the Congress. The program will enable state divisions of vocational rehabilitation to provide programs of evaluation of rehabilitation potential and work adjustment for both the physically and mentally handicapped and for otherwise disadvantaged individuals. "Disadvantaged individuals" are carefully and appropriately defined in the bill as being those individuals who are "(A) handicapped individuals as defined in Section XI(b) of this Act; (B) individuals disadvantaged by reasons of age, low educational attainments, ethnic or cultural factors, prison or delinquency records, or other conditions which constitute a barrier to employment; and (C) other members of their families when the provision of rehabilitation services to family members is necessary for the rehabilitation of an individual described in clause (A) or (B)."

The services included in programs of evaluation of rehabilitation potential and work adjustment are essential for most handicapped persons but are especially important for those individuals who are socially disadvantaged, who have not been able to enter the labor market, generally because of a combination of factors, including age, low educational and skill attainment, a variety of ethnic and cultural factors and prison or delinquency records. First the assessment of these individuals' potential for employment on an accurate and realistic basis and the development for them of a practical vocational objective is essential. Secondly, it is generally recognized that, for an individual with these kinds of disadvantages, one of the major barriers to employment is his attitude toward work, and the kinds of work habits or, more accurately, lack of work habits which such attitudes engender.

Because the vocational rehabilitation agencies have the greatest experience in providing these kinds of services, we were pleased to note the provision in the bill which would permit provisions of these services by the state vocational rehabilitation agency to the clients of other agencies. Although other agencies would not be required to use these services, we are confident that they would seek to do so because they too recognize that the state vocational rehabilitation agencies have considerable experience in this area and that their use of state vocational rehabilitation agencies in this way would make their own efforts more effective.

The concept of interagency cooperation in serving the needs of the handicapped is, we feel, a particularly important one. The creation last year of the Social and Rehabilitation Service within the Department of Health, Education, and Welfare has already contributed to a much greater integration of the efforts of the agencies which are located within that service. However, much more can and should be done in promoting interagency cooperation and we feel that this provision of the proposed amendments will be extremely helpful to this end.

Particularly relevant to the concept of interagency cooperation is "the policy of the AFL–CIO," Resolution No. 253:

"HUMAN REHABILITATION

"In spite of great progress in legislation, rehabilitation techniques, and public awareness and support, the major portion of the difficult job of rehabilitating the handicapped still remains. Individuals who in earlier years would have had brief life expectancies are now living into old age with chronic disabling and handicapping conditions. New hazards and changing technology are also contributing to the increase in the incidence of disability. While rehabilitation programs are expanded in hopes of restoring the handicapped to useful employment, medical science is expanding the number of the handicapped by prolonging human life, and changing technology is adding new barriers to their employment.

"Rehabilitation is becoming increasingly important to labor because it is a concept that is influencing the whole health and welfare field. Organized labor working with the National Institutes on Rehabilitation and Health Services has sponsored numerous rehabilitation conferences and has successfully established a number of labor rehabilitation projects. Organized labor also has participated actively in the work of the National Advisory Council on Vocational Rehabilitation, the President's Committee on Employment of the Handicapped and similar national and State committees, as well as on the community level to promote rehabilitation and hiring of the handicapped. The Social and Rehabilitation Services of the Department of Health, Education, and Welfare should help to provide more comprehensive rehabilitation services to a wider range of the population. We commend the progress that has been made by both public and voluntary agencies in rehabilitating the disabled.

"This greater recognition of the need for comprehensive services to the handicapped through the integrated efforts of a number of agencies will contribute to continued progress. Yet much more must be done. Therefore, be it

"RESOLVED: That all State and local bodies support legislative action matching maximum amounts of State funds to available Federal appropriations for rehabilitation programs and cooperate with State Vocational Rehabilitation Agencies.

"That prohibition against discrimination in the employment of the handicapped be included in fair employment practices clauses of collective bargaining agreements.

"That the experience of such labor rehabilitation projects as that of the Sidney Hillman Health Center in New York City, the New York City Central Labor Council, and the Iowa Federation of Labor should be widely disseminated and affiliated bodies should work closely with, support and promote the efforts of the National Institutes on Rehabilitation and Health Services to hold rehabilitation conferences and to establish labor rehabilitation projects."

In addition to noting the policy position of the AFL–CIO on interagency cooperation in the field of vocational rehabilitation, we would like to point out that the program of the United Mine Workers of America Welfare and Retirement Fund from its inception stressed the importance of services to the chronically ill and the handicapped and the need for a multi-agency approach to serving these persons in cooperation with the Fund's resources. Representatives of the UMWA Welfare and Retirement Fund have always insisted on the participation of the appropriate public and private agencies in serving its beneficiaries, and consistently involved workmen's compensation, public welfare, public health departments and such voluntary agencies as local cancer societies and local clinics sponsored by societies for crippled children and adults. The contribution of the Fund in establishing new patterns of service and in reaching populations and individuals who have previously not been adequately served in our society is probably the most significant effort of any private organization in the field of rehabilitation during the past twenty years. Public and private agencies seeking to serve the disadvantaged in our society still have much to learn from these pioneering efforts.

FEDERAL-STATE FUNDING FORMULA

While the National Institutes on Rehabilitation and Health Services believes that, for a variety of reasons, all of the basic service programs under the Vocational Rehabilitation Act should be funded on 90% federal-10% state basis, we recognize that there are cogent reasons advanced for the present matching formula. Nevertheless, we are pleased to note the 90–10 formula proposed for the funding of the evaluation and work adjustment programs, since it is particularly important to make these innovative programs as attractive financially as possible to the individual states.

RESEARCH AND DEMONSTRATION GRANTS AND TRAINING PROGRAMS

Rehabilitation has been referred to as "the leading edge of health services" because it deals with a patient or client population for which the other health professions can do but little, and because rehabilitation in dealing with these complex and difficult problems has pioneered in both concepts and techniques, particularly in the organization of services and the organization of the representatives of the various professions and disciplines who provide those services. We are therefore pleased to note that H.R. 15827 provides for a continuation of the funding of research and demonstration grant programs and the funding of training programs.

The National Institutes on Rehabilitation and Health Services is concerned, as are the Members of this Committee, with what appears to be an increasing disparity between our knowledge of that which is effective for improving peoples' lives and the application of that knowledge in our day-to-day programs. We are convinced that this situation does not result from a willful desire to disregard the benefits of new knowledge, but rather from a lack of understanding of how to apply this new knowledge. For this reason, we feel that the research and demonstration programs of the Rehabilitation Services Administration are to be especially commended since they have emphasized operations research and the practical application of research findings from diverse fields of learning.

In conclusion, we wish to extend to the Subcommittee our deep appreciation for giving us this opportunity to express our views on the legislative proposals under its consideration. We join with the Subcommittee in the deep concern which its members have shown for the continued development of services under the State-Federal program of vocational rehabilitation. We are confident that the Subcommittee will recommend a pubic program of services to the handicapped which will both improve those services and make them more widely available to all those in our society who can benefit from them.

Dr. Brand. Certainly, we feel that Congress, and particularly the committee, this subcommittee also, are really doing a wonderful followup job in clarifying and implementing the Vocational Rehabilitation Act of 1967. It is this kind of followup that helps people realize that this is not merely, or the original bill was not merely, a bill passed and appropriation made, and then the rest of it forgotten, but that, with the followup as you have it here today, you indicate a continued interest in the proper functioning of the program.

An interesting point in the proposal is the redefinition of "rehabilitation services" and particularly of the handicapped individual and the expansion of the definitions to include those other than those who are physically and mentally handicapped and thereby including many of the disadvantaged as outlined in your bill.

Too often, we have seen these disadvantaged fall by the wayside because no one was interested or thought perhaps it would cost too much money to find ways and means of rehabilitating and making them part of their own family and community life.

Certainly, this will open up the doors and make it possible to give serious help to those disadvantaged who do not, as a rule, come in under any rehabilitation programs of other agencies.

Another important point, of course, is the family allowances which you have proposed. These are extremely useful to enable a family to carry on with dignity, responsibility, respectability, and perhaps give a great deal of encouragement to the individual rehabilitee.

Services to families of the handicapped certainly without question are an important asset in rehabilitation.

In our little demonstration program of rehabilitation at the Sidney Hillman Health Center, where we do a good deal of specialized case finding, we learned in many instances that, while attempting to rehabilitate the employee or union member, it was necessary to bring in the entire family, in order to insure success in helping to rehabilitate the rehabilitee.

We had a little additional evidence when we opened a cardiac rehabilitation therapy group. Here, we took patients who had had coronaries and certain other conditions which were excluded, and tried to help them rehabilitate themselves by explaining to them a great deal about their coronary condition, what it means in terms of their total existence, and also what it should not mean with respect to what their friends, neighbors, wives, and children tell them to do, or not to do. It was an eye opener to sit in on these sessions and learn how easily a patient who should be returning to work could be stopped from doing so or doing any major activity, because of the fearfulness of others with respect to the patient's condition.

Certainly, we feel that the redefinition of the rehabilitation facility to include workshops and other rehabilitation facilities is very important.

In the context of what Mr. Whitten said, I feel that there is not much else to be said except that it is an important aspect to include all of the areas of rehabilitation in terms of a facility.

Another item that I wish to discuss briefly is the question of an increase of 75 to 80 percent in the Federal share of the rehabilitation program. It certainly seems to be an important step, particularly in finding manpower and training them to do the job that is necessary in rehabilitation. The competition for the dollar in the States is certainly an important detriment if the percentage remains at 75 percent. Therefore, it should be increased.

My tendency is to say it should be increased to match the other Federal agencies share of 90 percent, but I can understand that one must proceed slowly at times in some of these things, particularly where costs are mounting.

The expansion of the plan so that, expansion of the program as to include services of other agencies in the States is a very important one. I think it would be very helpful and develop a greater efficiency and perhaps better programing of the rehabilitation of individuals or groups of individuals if there is a greater spirit of interagency cooperation.

Of course, there is a great deal of it now, but, aided and abetted by the bill's proposal, it certainly would strengthen the entire idea. The AFL-CIO has a statement of their resolution in this testimony I have given here and it indicates there is need for more interagency cooperation and has asked their labor groups, both local and State, to work more closely with these public agencies so they can extract the best from them in order to make it possible to get the best for all of the members of their unions.

As a rule, we know that where unions improve conditions in these areas it is certainly helpful to the rest of the community.

I might add a word here also that the United Mine Workers' welfare and retirement program has that philosophy, too, in that they feel that they should not go into competition with other existing agencies where those agencies can provide a service or can be asked to improve by obtaining greater appropriation and expand their services for the members of the unions that are in need of additional help.

They have been very successful in what they have done over the years and Mr. Pohlmann, who was sitting here a few minutes ago and might still be here, has been one of their sharpshooters in this business. He has done extremely well for the mine workers.

The continuing statewide studies of the needs of handicapped individuals certainly is necessary, and I believe it certainly would be helpful in the State agencies where they develop staffs and personnel and programs, and are assured of continuation of the staffs and programs much more readily if the studies are approved; that is, continued studies.

The general idea that the grants in the past and of the present are for expansion and authorization of rehabilitation facilities certainly has its good points, but where there is need for additional new facilities, then certainly there should be money available. We go along with the general idea there should be a certain limitation and it sounds like the kind of limitation that would not deter our States from acting by not setting up facilities, but perhaps would do more than that and, of course, would mean setting up new facilities.

Mr. DANIELS. What kind of rehabilitation facilities, Doctor, do you think we need most?

Dr. BRAND. In New York, we don't need vocational facilities as far as I know, but improvement of the program with a little more appropriation and more trained manpower to help us.

We find a certain difficulty in getting the services we need even in New York City where they have some very good programs. But in other States, I understand, or regions, there are places where there is a deep need for new facilities. Only last night I heard even the State of Kentucky could use a facility and, of course, there is great need for it there at this time.

I am sure there are other areas better known to the authorities in this field than I.

I might say that an expert witness like Mr. Whitten has a colleague helping him; I sit here alone and I should have this gentleman at my side, too.

As pointed out before, these new facilities would provide a base for teamwork action in providing all of the services that are needed under one roof. We see this as becoming more necessary in the total field of medical care. This is part of that total field.

On the question of vocational evaluation and work adjustment, certainly that seems to be the absolute need for a program that would implement all of the ideas set forth in this bill and it seems difficult to believe that a program would not have these items in it and function properly, as has been said, and I know to some extent that a good deal of this is being done anyway.

But I think it should definitely be put into part of the Vocational Rehabilitation Act so that it would stimulate all who are involved in vocational rehabilitation to think along these lines and act upon it.

I did mention the question of the disadvantaged person, disadvantaged other than by mental and physical handicaps, so I need not say more than I have on that.

I am interested in something I have heard recently about the closing of cases as now practiced as compared to a suggestion there be a followup of cases.

This, I think, is a very important aspect of the bill, because too often a person gets lost in a job because he is handicapped and has been doing the job quite well and, therefore, we are closing his case. It would be far better to follow up the person because in one instance he may, for one reason or another, have some crisis at home or what have you, fall backward into a rut on the job or perhaps even be discharged. On the other hand, a person may improve sufficiently on the job and remain in the same position whereas, with proper followup and someone to speak to the individual perhaps, could improve his status on the job.

I think this would be extremely helpful for many handicapped persons who are grateful, to begin with, for being on the job earning some money and, therefore, do not want to speak up on their own behalf.

I think this followup is an exceedingly important part of rehabilitation.

Those are about the main points we want to touch on and, as I said before, all of the points in the bill are extremely good. I do want to take this opportunity of expressing our appreciation for being invited to give testimony. I might add I apologize that I was not able to come here last year, circumstances making it impossible, and Terry Carrol, our executive director, gave the testimony most ably.

Certainly, as I said in the beginning, we are very proud to see our Members of Congress so interested in the improvement of people's status, particularly the people who are handicapped, and certainly this committee has done a marvelous job in keeping the ball rolling and rolling upward.

Mr. **Daniels**. Thank you, Dr. Brand.

The committee desires to commend you for your fine testimony here this morning. I have no questions to ask. Perhaps my colleague, Mr. Steiger, has questions.

Mr. **Steiger**. Thank you, Mr. Chairman.

I appreciate very much Dr. Brand's testimony.

Dr. Brand, I missed part of your testimony, but did you comment on H.R. 15827 versus H.R. 16134?

Dr. **Brand**. I didn't have any "versus." I did not comment on H.R. 16134. It was because it was not presented to me until late last night.

So I didn't have a chance to study it.

Mr. **Steiger**. Thus, at this point, you are not prepared to give any evaluation of that particular bill?

Dr. **Brand**. No. If you would want an evaluation I certainly would be glad to go back and prepare one.

Mr. **Steiger**. I would be interested and I think the committee would. I appreciate your support of H.R. 15827.

Dr. **Brand**. I might add the point, perhaps, even though I closed, that House Joint Resolution 811 seems appropriate in both aspects of the change of name and the cutting of the appropriation part.

Mr. **Steiger**. Thank you, Mr. Chairman.

Mr. **Daniels**. Thank you, Dr. Brand.

STATEMENT OF ANTONIO C. SUAZO, EXECUTIVE DIRECTOR, SHELTERED WORKSHOPS AND HOMEBOUND PROGRAMS, INC., WASHINGTON, D.C.

Mr. **Daniels**. Our next witness is Mr. A. C. Suazo, executive director of the National Association of Sheltered Workshops.

Mr. **Suazo**. Mr. Chairman, members of the committee, my name is Antonio C. Suazo; I am the executive director of the National Association of Sheltered Workshops and Homebound Programs, Inc.

This organization represents the personnel and boards of over 400 workshops throughout the country engaged in all types of rehabilitation and employment programs for the handicapped people.

Before going further, I want to thank the chairman and the members of the committee for this invitation to testify and to state further that the association deems itself privileged and honored to appear before such a distinguished body.

The National Association of the Sheltered Workshops and Homebound Programs, Inc., is a private, nonprofit organization which was incorporated in the State of New York in 1954. It was established by persons operating workshops throughout the United States and by individuals professionally concerned with the well-being of severely disabled people.

The association has traditionally been concerned with broadening the concept of rehabilitation and with meeting the work-related needs of disabled persons. The major functions of the National Association of Sheltered Workshops and Homebound Programs, Inc., are:

1. Developing and promoting higher agency standards.
2. Serving as a liaison between workshops and Government agencies.

3. Fostering public and professional understanding of workshops.
4. Stimulating professional development in the workshop field.
5. Promoting statewide organizations of sheltered workshops.
6. Encouraging community support.
7. Sponsoring and conducting workshop personnel training.
8. Offering consultative service to workshops.
9. Publishing suitable literature.
10. Conducting research.

The membership of the National Association of Sheltered Workshops is organizational in nature. While individual membership is a part of the membership structure, the strength of the organization lies in its organizational membership which includes over 400 of the country's largest and best organized sheltered workshops.

The association is interested in all phases of the rehabilitation process with particular emphasis on broadening the vocational opportunities of the handicapped.

With a current membership of over 400 workshop members, the National Association of Sheltered Workshops and Homebound Programs, Inc., represents the largest single organization of sheltered workshops in the United States.

The membership composition includes single-disability as well as multiple-disability shops which provide job training, employment, work evaluation, rehabilitation, and professional services to disabled individuals.

Mr. Chairman, the National Association of Sheltered Workshops and Homebound Programs, Inc., strongly endorses this legislation. Our comments will be general, although we would like to make some specific suggestions which we believe would further strengthen it. However, before doing this, and for the purpose of the record and general understanding, I would like to describe the workshop program and some of the problems they face.

Workshops provide services to people who are too disabled to work in the competitive labor market. In general, they provide services to disabled persons whose work skills have never been developed or who have lost their skills through disuse as a result of a physical or mental disability. The services provided in a workshop may include the following: Work evaluation, training, medical-psychological evaluation as related to specific job opportunities, social services, development of work tolerance and work conditioning, employment, personal adjustment, and placement.

In addition to the rehabilitative services offered in the workshop, an increasing number of workshops are providing long-term employment to an increasing number of individuals who, because of the severity of their disability, have virtually no hope of ever becoming a part of the regular labor force.

Workshops are like industry in that they use work, wages, and real work environment. The workshop is unique because it is the oldest major social institution that uses work as a means of rehabilitating disabled persons. Because of the tremendous advances made in medicine and in techniques of rehabilitation, coupled with increased support for rehabilitation, there is a growing number of severely disabled persons who cannot compete in the open labor market, but who need employment opportunities such as are found in sheltered workshops.

Sheltered workshops indeed offer a unique service to disabled people. However, it is becoming increasingly evident that, if we are to rehabilitate more people and meet the increasing demands for more services to disabled people, workshops will need to be utilized much more extensively than they have been in the past and additional support programs will need to be developed in their behalf.

The cry for increased support for workshops comes not only from us but was underscored by the recent Secretary of Labor report on sheltered workshops, which also recommends the development of additional support for workshop programs.

Mr. Chairman, the proposed legislation is of critical importance to the workshop movement. The current crisis in our cities and the problems of the hard-core unemployed are two of the most crucial problems facing our country today. Workshops have had a long history of helping disadvantaged persons in our society and can bring to bear the expertise and knowledge which is needed to rehabilitate many of our country's hard-core unemployed.

The really hard-core unemployed in this country are the growing number of mentally retarded persons, persons with severe physical involvement as a result of brain damage, the blind with multiple handicaps, the severe epileptic and the socially handicapped, and disadvantaged person.

Workshop programs are not being effectively used at this time to meet the needs of the hard-core unemployed. The methods and procedures currently used by private industry are creative and effective, but the body of experience and skills gained by workshops needs to be better utilized by industry and by all those who are concerned with the problems of dependency.

During the years, workshops have developed knowledge and skills in building up and preparing people for work in a competitive environment. This knowledge can be used by our society to provide employment to many now disabled and disadvantaged persons. Workshops are like industry and use wage, work, and a real work environment to rehabilitate people.

In workshops, the training and preparation for work is performed in a realistic work setting. We have had many years of experience in preparing severely disabled people for work and it is necessary and vital to strengthen our program so that we can make a more effective contribution to the rehabilitation and employment of disabled and socially handicapped people.

The legislation under consideration is vital to us and must be passed if we are to fully implement the President's program to provide employment to all Americans, including the disabled and the hard-core unemployed. Without the experience already gained in workshops over many years, industry cannot expect to deal effectively with the hard-core unemployed.

For a person to be a productive worker, he must be prepared for his job. Workshops have been engaged in this type of activity for many years and have gained a great deal of knowledge in the preparation of severely disabled people for employment. We in the workshop movement stand ready to cooperate and to share our knowledge with industry and others who are concerned with the problems of dependency.

I would like now to speak to some of the specific provisions of the legislation.

With regard to authorization of appropriations, we support the provisions of H.R. 15827, which provides appropriation authority for grants to States for rehabilitation services. We support this provision because we feel that maximum appropriations are necessary in order to protect the rehabilitation of the disabled and hard-core unemployed.

Unless rehabilitation programs and workshops have the kind of money which they need to fully develop their programs, we as well as industry will fail in providing employment to the severely disabled and hard-core unemployed. In a sense, adequate funding of rehabilitation programs serves as an insurance for the success of industry in training and employing disabled and socially disadvantaged people. The better the job we do, the easier it will be on industry to hire the disabled and the hard-core unemployed.

One of the real needs in our area is a need for additional funds to be used for construction of workshop facilities. This is a critical need for us. We support this provision in the legislation and feel that the recommended increased authority for this type of assistance will provide more flexibility to State agencies and will result in increasing the number of much needed workshop facilities.

There are still many workshops throughout the country housed in inadequate facilities and an increase in funds for construction will assist communities in meeting their needs in this area.

Assistance is needed in the establishment of new workshop programs, and the continuing statewide studies to assess the needs of handicapped people, also provided in H.R. 15827, will assist communities in determining their needs in establishing workshops and their capacity to support one. We are pleased to support this provision because for many communities the initial cost of constructing a workshop is virtually prohibited. This provision will provide new resources for workshop programs throughout the country.

We also support the appropriation authority requested for research and training programs in H.R. 15827. It is vitally important that workshop facilities and rehabilitation programs have sufficient funds to carry out programs of training and research.

One of the acute needs in this area is the need for research and the training of personnel to meet the needs of the field. When the community or industry is asked to develop new approaches to old problems, or to tackle the problems of the unemployed, or when new programs are initiated, new funds are made available.

In our field we need to get funds to try out new and innovative programs. When medical research is asked to undertake research to eradicate cancer, substantial research funds are made available to them. The same principle applies to the rehabilitation movement. Its efforts to serve new groups of disabled and disadvantaged people should be adequately supported.

We support the provision of section 4 dealing with State plan requirements and especially the requirement that a State plan provide a vocational rehabilitation program that includes evaluation and other service programs.

The State agency, to be effective, should have a minimum program, especially as it looks to serving many different types of disabled persons. It is important that the State have more resources to provide more counseling, training, and followup to help disabled people stay on the job.

We do not oppose the revision of definitions and go along with the inclusion of a workshop in a total definition of rehabilitation facility. We would like to cooperate, but would like to emphasize that the workshop is a new national movement, and its potential, utilizations, and contributions have not yet been fully realized.

We recognize that the use of the term "rehabilitation facilities" will be helpful in clarifying some of the confusion that may exist in rehabilitation programs. We would like to stress, however, that additional emphasis needs to be placed on the utilization of workshops and that adequate resources should be made available for these workshop facilities.

Workshops are a new social institution and they are a comparatively new movement in the rehabilitation field. As such they will continue to have major growing needs as against other well-established facilities, and we recommend that major emphasis be placed on the effective utilization and support of workshop facilities. There is a desperate need for workshop facilities—this is where the major inadequacy exists.

We also support the provision of the proposed legislation in establishing a national rehabilitation facilities council. This body can be of great assistance and make a contribution to the establishment and improvement of rehabilitation facilities throughout the country.

The National Policy and Performance Council authorized in the 1965 amendment has rendered a valuable service, and expansion of this concept will make available to the Secretary the expertise and knowledge of rehabilitation people in implementing a comprehensive program of rehabilitation.

We strongly support the provisions of the proposed legislation—H.R. 15827—which provide for the establishment of a vocational evaluation and work-adjustment program.

One of the greatest potentialities for service in the future is the socially handicapped. Within this category we can find chronic welfare dependents, narcotic addicts, juvenile delinquents, parolees, school dropouts, and socially and culturally disadvantaged persons.

A body of experience in extending service to them is being built up today and will help to demonstrate the values of the workshops for many needed persons in these groups.

We enthusiastically support the provisions of the proposed legislation discussed on page 12 of H.R. 15827, which provides for the establishment of a vocational-evaluation and work-adjustment program. We feel that this program will result in more effective evaluations for severely disabled and disadvantaged people.

The key to successful rehabilitation is an effective evaluation. This provision is of significance to the sheltered workshop movement, because they are particularly equipped to offer evaluation services to the severely handicapped and socially handicapped persons.

The final test in work evaluation comes in actual performance on the job, and the variety of job tasks and job stations available in workshops is of such a nature that a greater degree of assessment of the potentiality of the disabled person is possible in a workshop than in many other types of situations.

The program would enhance the ability of the workshop to improve and expand their programs of vocational evaluation and will enable them to make more effective and meaningful contributions to rehabilitation programs throughout the country.

We support the extension of this program to disadvantaged individuals. It has long been our observation that many people in our society can benefit from the evaluation processes which have been developed by rehabilitation and by workshops in particular. The extension of this program to great numbers of dependent people in our society will be a meaningful step in assisting them in their efforts to make their contributions to society.

I would also like to comment on House Joint Resolution 811 which removes the present limitation on the amount authorized to be appropriated for the President's Committee on Employment of the Handicapped. We concur with the resolution. In recent years the work of the President's committee has increased to include programs which are resulting in benefits to many additional disabled people. Increased appropriations to carry on the work would be helpful to their programs and would result in increased services to disabled people throughout the Nation.

The workshop movement looks forward with anticipation to playing an ever-increasing role in this country's public and private programs of rehabilitation and accepts the increased challenge to be of service. We welcome the essential support of the Federal and State governments through the development of greater rehabilitation programs, and through the financing and assistance to workshops in expanding and extending services.

The leadership of NASWHP congratulates this committee for their early efforts in the development of programs for serving the severely disabled, and we believe that this pending legislation will create the full-cycle programing that is needed for rehabilitation facilities to adequately cope with the problem of severe disability and disadvantaged individuals in our society.

The NASWHP is pleased to endorse H.R. 15827, H.R. 16134, and House Joint Resolution 811.

I might add we have not had sufficient opportunity to look at H.R. 16134 but support it in principle and would like to ask the opportunity to perhaps make additional comment at a later time.

Mr. DANIELS. I was going to suggest that, in view of the fact you have not had an opportunity to look at it and study its contents, you may, if you feel it seems advisable, file a supplementary statement.

Mr. SUAZO. Thank you.

Mr. DANIELS. Mr. Steiger, any questions?

Mr. STEIGER. No questions, Mr. Chairman. Mr. Suazo made an excellent presentation and I am grateful for the comments he made and the support he has given the legislation.

Mr. DANIELS. Mr. Suazo, I want to compliment you for your testimony: it is indeed helpful and we will give it very careful study.

Thank you.

FURTHER STATEMENT OF E. B. WHITTEN, EXECUTIVE DIRECTOR, NATIONAL REHABILITATION ASSOCIATION, WASHINGTON, D.C.

Mr. DANIELS. I would like to recall Mr. Whitten for the purpose of asking his comments on the two House bills and joint resolution before the committee.

Would you care to make any specific statement, Mr. Whitten, about H.R. 16134, which is referred to as the administration bill?

Mr. WHITTEN. Mr. Chairman, I will make a few comments in addition to what I said a while ago. We have had a copy of the bill. We have read it carefully. I really do not think there is anything in the administration bill that right now I would say that our organization would object to too strenuously.

It is what is not in it that we are concerned about. There is no extension of appropriation authority for more than 1 year, and the amount authorized is in no instance any higher figure than the current appropriation. This concerns us. We think appropriation authority for an established program should be at least 3 years and probably more.

We note there are two sections of the bill, one having to do with projects to cooperate with private industry in the placement of handicapped people and another for the evaluation of school youths.

These are good ideas. I think that either one could probably be carried on under the current law under "special projects," but I assume it is felt writing this into the law would give additional emphasis and probably make it easier to fund such programs. We are very much in favor of them.

In fact, a program of evaluation of school youths is already going on. It really ought to be extended to all of the public school systems rather than a relatively few in which it operates at this time.

Mr. DANIELS. What agency of the Government is operating that program?

Mr. WHITTEN. It is being operated by the State vocational rehabilitation agencies in cooperation with public schools. The way it works is that a State rehabilitation agency and a public school enter into a contract where they agree one will do one thing and the other will do another. An individual is identified early, several years probably before the individual is going to have to leave school, and the counselor, working with the teacher, decides when is the best time for the rehabilitation agency to come into the picture. Frequently, during the last year or two the child is in school, he will be in a workshop part of the time and school part of the time—you see what I am driving at—and then graduate from the workshop and school into a job instead of graduating out on to the streets or becoming a dropout, which is the equivalent.

The sponsors develop methods of certification so the individual, even though he may not have a bona fide high school diploma, has a certificate of accomplishment. It is an effective program, but I think it ought to be borne in mind it serves principally the mildly retarded.

It is not a program essentially for the most profoundly or even moderately retarded. Other methods have to be found to serve them.

Mr. DANIELS. To what schools would this program apply? Would it be elementary or high school, or both?

Mr. WHITTEN. It would be with secondary schools, although many of the people with whom they are working are not doing bona fide secondary-school work but the individuals who have advanced one way or another into the seventh, eighth, or ninth grades, sometimes higher.

It is a good program. We have been very much concerned that the educational programs have not advanced more rapidly than they have, so that the schools themselves can do more than they have done to encourage and finance such programs. Rehabilitation has taken the initiative in this contractual relationship I am talking about.

Mr. DANIELS. Are there any other distinctions you desire to make between H.R. 16134 and H.R. 15827?

Mr. WHITTEN. I do not think I do at this time.

I want to hear the administration witnesses explain two or three sections of it to be sure that I understand.

Mr. DANIELS. Particularly to what section do you refer?

Mr. WHITTEN. For instance, there is a 10-percent limitation on construction. I am not sure whether this applies to new construction only or whether it applies to construction and establishment, establishment being, you know, alteration and expansion, and so forth.

This is not clear to me. Also, I am not sure what they mean by the section where they talk about "other goods and services." You know, the Daniels' bill, has a section in it that specifically states that services may be provided for a group of individuals and not charged to one case.

There is a section in the administration bill that refers to counseling, social services, and other services, and I am not sure whether it is doing what your bill does or not. You see, there are some questions of that kind. The draftsman for this bill took an entirely different approach from the draftsman of your original bill.

I think that your bill has the virtue of being rather clear about what its meaning is, while the other is probably equally clear to the lawyers that wrote it but not quite as clear to the laymen that have to interpret it.

Mr. STEIGER. You would agree that H.R. 15827 really is a superior bill, wouldn't you, Mr. Whitten?

Mr. WHITTEN. Mr. Steiger, you force me to say "Yes." I think you all recognize that H.R. 15827 will, if put into effect, have a much more profound effect in helping handicapped people. In the second place, we think that its arrangement is superior, that it is a little easier understood, but this is not too important. We want substance to promote and carry on the programs. Let the lawyers use their words.

Mr. STEIGER. May I say, Mr. Chairman, I appreciate the fact you called Mr. Whitten back to make the comments he has made on the Daniels bill versus the administration bill. It might be appropriate, after Mr. Whitten has had an opportunity to listen to the administration's position and their comments and their analysis, to have a further supplementary statement from Mr. Whitten.

Mr. DANIELS. He has already volunteered to do that. In fact, Mr. Whitten, judging from past experience, and his attendance at these hearings, has always been very conspicuous by his presence at all of the hearings.

Mr. WHITTEN. I didn't know whether you noticed me, Mr. Chairman.

Mr. DANIELS. Yes, I certainly have. I am quite sure that, if any of the members of the committee desire to hear from Mr. Whitten, he will be willing to testify further.

Mr. WHITTEN. I surely will.

I think I should say, Mr. Chairman, that administration people have consulted with us many times in the course of preparation of a legislative proposal. It is right that they should and we appreciate it. We are fully sympathetic with the pressures that may be upon certain parts of the administration these days. I feel that Miss Switzer, Mr. Hunt, and all of the people that work in this program, are just as devoted to what we are trying to do as they could possibly be and that they want, also, to do everything that possibly could be done to help provide for better programs of rehabilitation.

Therefore, I am sympathetic with the administration people who come to you in this particular context.

Mr. STEIGER. Your point is well taken and I particularly appreciate the fact that there are parts of the administration bill, for example, that can well be effectively worked into H.R. 15827.

Mr. WHITTEN. That is right.

Mr. DANIELS. Do you endorse provisions of House Joint Resolution 811?

Mr. WHITTEN. Yes, sir, without reservation. This is a good program. I mean the President's committee has demonstrated thoroughly the investment of a few hundred thousand dollars on the part of the Federal Government is generating millions of dollars of publicity and other work directed toward a better climate in which to place handicapped people.

I don't think they ought to have to come up every year or two to get this renewed. I think again this is a tested program now that could exist by virtue of year-to-year appropriations. So we support it; yes.

Mr. DANIELS. Well, I think your recommendation that the authorization be extended an additional 2 years to 1972 is a wonderful recommendation and we will try to test out the views of the administration witnesses when they appear here tomorrow.

Mr. WHITTEN. I hope you will.

Mr. DANIELS. Thank you, Mr. Whitten.

The committee will adjourn and meet again tomorrow morning at 10 a.m.

(Whereupon, at 12 noon, the committee adjourned, to reconvene at 10 a.m., Thursday, March 28, 1968.)

VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968

THURSDAY, MARCH 28, 1968

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 10:15 a.m., pursuant to recess, in room 2175, Rayburn House Office Building, Hon. Dominick V. Daniels (chairman of the subcommittee) presiding.

Present: Representatives Daniels, Scheuer, Perkins, Steiger, and Erlenborn.

Also present: Mr. Daniel Krivit, subcommittee counsel.

Mr. Daniels. The Select Committee on Education will now come to order.

I am happy to announce that our first witness this morning is Miss Mary E. Switzer, Administrator, Social and Rehabilitation Service, Department of Health, Education, and Welfare.

Miss Switzer has an outstanding reputation for work and service in this field and last year she was honored by the Secretary of HEW by being promoted to head this special division of which she is now in charge. Miss Switzer is very knowledgeable on the subject matter and I am quite sure that her testimony this morning is going to be not only interesting but very, very illuminating.

Miss Switzer, before you proceed to testify, I would like to welcome here this morning a group of people who are from the Goodwill Industries. I know this morning they had a breakfast here in Washington and I was invited to attend that breakfast but unfortunately I was unable to make it.

I am sorry I missed the breakfast this morning but I know of your interest in this work: I know of the great and wonderful work that has been done by Goodwill Industries in the past.

As a member of the Education and Labor Committee, I had the opportunity in previous years to visit some of your workshops and particularly the one here in Washington, and it is really amazing to see the outstanding work that they do to rehabilitate our handicapped people.

So, I welcome this group here this morning and I hope that they will find these hearings interesting and informative.

I would also like to call upon the chairman of the full committee, the Honorable Carl D. Perkins of Kentucky, to say a few words of welcome to the Goodwill group.

Mr. PERKINS. First, Mr. Chairman, I wish to corroborate your statement about the representatives of the Goodwill Industries. I, too, missed breakfast this morning with so many engagements.

I am mighty pleased with the way the Goodwill Industries have taken care of the handicapped, how they work, especially with the cooperation they have received from the Department of Health, Education, and Welfare.

Some of the other governmental agencies sometimes have so many programs with redtape that it is most difficult to get individuals that are severely handicapped in the Government service. I have witnessed a lot of this personally over the years and it stands out above everything else. The Department of Health, Education, and Welfare has taken the lead over any other governmental agency in the employment of the handicapped.

We still have a lot of hurdles to climb in connection with making the Goodwill Industries program one of maximum effectiveness. This committee certainly wants to cooperate in every way possible to see if we can get over those hurdles.

It is a great pleasure to join with the distinguished subcommittee chairman and representatives of the committee from the different parts of the country.

I would be derelict in my responsibility, Mr. Chairman, if I did not compliment the great lady that will soon be testifying, Mary Switzer. I preceded you here in the Congress a few years and, the first year that I put in an appearance in the Congress, Mary Switzer was then the warhorse in the Department so far as social legislation was concerned.

She not only appeared that year, 1950, but 1951, 1952, 1953, and 1954, when we were successful in expanding the program in the field of rehabilitation.

Your great services have been so outstanding, Miss Switzer, that I feel that the whole of America is greatly indebted to you and I wish to compliment the President and the Department for exercising such good judgment in giving you your recent promotion, so long overdue and so long deserved.

We will be looking forward to your testimony here and we know we will, under the able leadership of Congressman Daniels, put this legislation not only through the House but through the Senate in the next few weeks.

Mr. DANIELS. Thank you, Mr. Chairman.

Miss Switzer, before you proceed to testify, will you please introduce the two gentlemen who accompany you?

STATEMENT OF MARY E. SWITZER, ADMINISTRATOR, SOCIAL AND REHABILITATION SERVICE, DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE; ACCOMPANIED BY COMMISSIONER JOSEPH HUNT, REHABILITATION SERVICES ADMINISTRATION, SOCIAL AND REHABILITATION SERVICE, AND RALPH K. HUITT, ASSISTANT SECRETARY FOR LEGISLATION

Miss SWITZER. Thank you, Mr. Chairman.

On my left is Assistant Secretary Huitt, who is our assistant secretary for the Department's legislative program; and on my right is

Mr. Joseph Hunt, the new Commissioner for vocational rehabilitation, who took over when I—I question whether it was a promotion—when I assumed the new responsibilities of being the SRS administrator last August.

I am very appreciative, Mr. Perkins, and Mr. Daniels, for your kind words of confidence. One has to realize, and I know you do, that we could not do very much if we didn't have the understanding and support of the key Members of the Congress.

This committee has been especially supportive to the rehabiliation program through the years. I am grateful and I know the country is grateful for their brilliant and farsighted support of our recommendations and those of other organizations.

I would like to say a word, if I may, before I start my statement, Mr. Chairman, about Goodwill Industries, because they were out on the sidewalk greeting me as I came into the building; I felt right at home.

One of the very tremendous, really almost revolutionary, cooperative arrangements after the passage of the 1954 act has been the combining of the resources of the Goodwill Industries all over the country and the public program of rehabilitation. It was really a most exciting and dramatic development that enlarged the capacity of both the public and the private agencies to do a job for the disabled, but I would like to illustrate the spirit of the Goodwill Industries.

I would like to tell you that, after I was appointed Administrator of the Social and Rehabilitation Service, the first organization to come to me and say, "We want to support you and use our resources to help you in this new responsibility," was Goodwill Industries.

This gave me a tremendous sense of confidence that we could look forward to having the resources of Goodwill, their workshops and rehabilitation centers throughout the country, go a little beyond where they have always gone with the disabled and begin to experiment with ways in which they could do for the hard-core unemployed what they have done for so many others.

So, I am glad they are here. This is a good omen, I think, for all of us that are here in Washington and all over the country. I do appreciate their cooperation and I know that the communities in which they are located appreciate the opportunity to join with them in serving more and more handicapped people.

Mr. Chairman, I have rather a general statement which I would like to summarize for you, and then Commissioner Hunt has a more detailed statement on the various sections of the bill.

I think that the greatest tribute to the vocational rehabilitation program was the creation of the Social and Rehabilitation Service last August. Secretary Gardner had come to understand and believe so completely in the philosophy of rehabilitation, and in the need for bringing this philosophy and the techniques that had made the rehabilitation program so successful to the broader range of services in all of the agencies that were put together under SRS, that it is, I think, the greatest tribute that has ever been paid to the rehabilitation program and the people who are working in it.

Therefore, the times that we will be coming before you, today and on into the future, to improve the basic vocational rehabilitation program will also give us an opportunity to do a better job for a larger group of people, not necessarily the rehabilitation agencies, themselves, but in collaboration with a good many other community agencies.

Now, it does not do any harm to say over and over again what rehabilitation really is.

Stated in its simplest terms, the approach involves an individual evaluation—a diagnosis, if you will—followed up by services specifically tailored to overcome the handicapped, whatever that handicap may be. It involves helping the individual to help himself in achieving or regaining the dignity and self-sufficiency which is the birthright of every American. It is this kind of help that stresses self-help and lays a foundation of individual responsibility.

Along with this network of services must come—and I think this is one of the indispensable ingredients that has made rehabilitation so much of a success story, and that is that those people who are in it somehow get across to the individual who is handicapped, and whom they want to help, that they have the capacity to get across to that individual that they care. This is the first characteristic of anyone who works with people.

People in trouble have to feel deep down inside that you care, and I think that this is fundamental in everything that we do.

You can witness some rehabilitation techniques at work in welfare today. Our rehabilitation resources are being applied in making crucial evaluations of individual needs and the potentials of welfare recipients. They are being applied to the task of matching potential trainees from welfare rolls with the kinds of job training that they need if they are to become self-sufficient.

I think this process of evaluation and the development of it by the rehabilitation agencies is one of the great contributions that has been made to community service. The lessons that we have learned from it will be widely applied as we go farther and farther into the background of people who need to be served.

There is an expanded role for rehabilitation and its potential will be greater than any of us can see today. There is no question but that studies of the various States, as well as the hearings that have been held under the auspices of the National Citizens Advisory Committee on Vocational Rehabilitation which was established a year and a half ago—and these hearings were held throughout the country—indicate what some of the needs are and what some of the frustrations are that make it difficult for people to get service. They underline, too, the validity of the broad concepts and, it seems to me, although we have not had the final findings, indicate that the area it serves will be enlarged eventually.

This continuing evolutionary development has been built on legislation step by step. Our first basic broad legislative mandate, of course, was in 1954. Again in 1965 and 1967 the amendments gave us the means for providing to the disabled a level and quality of service that surpasses anything we have ever done before.

To the State and voluntary rehabilitation agencies, as well as to the Federal component, these new resources, flowing from the amendments, became a challenge and an opportunity. We were and are determined to build a program that will do credit to the confidence which Congress has placed in the rehabilitation program.

②

We are determined to strengthen the capabilities of each of the three great pillars of the rehabilitation edifice—the Federal component, the State programs, and the voluntary agency services.

To us, this meant much more than simply increasing the numbers of disabled men and women rehabilitated into gainful work. We have increased the number year by year. In so doing, we have sought out the more difficult cases, the kind that would have been considered hopeless or unrealistic even 3 or 4 years ago.

In the past 10 years, for example, we have seen revolutionary developments in the field of rehabilitation of the mentally retarded, in the mentally ill, and in work with the deaf and the epileptic.

Gradually, as we find out better ways to serve groups that never were served before, they become integrated into the regular caseload of the public program and the voluntary agencies. Certainly, these specific groups find ways to accelerate the work done for the particular groups.

For example, we have dealt more effectively with the devastation of the motor vehicle accidents that leave paraplegics and quadriplegics in their wake. The present rate of injury to young people on the highway is epidemic in proportions. We have more people in wheelchairs today as a result of motor accidents and swimming accidents, automobile and motorcycle, than we had at the height of the polio epidemic.

I think we have not recognized this; we have not done enough in preventive work for it, but we in rehabilitation are trying to organize our services so that at least these young people—and they mostly are young people—will be able to complete their schooling, will be able to have the training that will give them an opportunity to lead a full life.

Then we dared to serve the victims of stroke, confident that our success would far outweigh failures that are inevitable among the very severely disabled.

We are now preparing to serve the disabled in the migrant population, surely a group as near the bottom of the economic heap as any, and far too long ignored.

We are accepting the challenge of psychologically disabled youth whose neglected employment handicaps fuel the fires of civil disorder. We are seeking to help the older handicapped worker whose prospects otherwise would be hopelessness and despair.

I would like to underline the need for employment wherever possible for disabled youth because I feel that this is one of the explosive points in our society, and any agency that can contribute even in a small way to firing these embers has a responsibility to do it.

Mr. Chairman, I know that you and your associates on the committee have taken note of this goal of rehabilitating 200,000 disabled persons a year. We are confident that not only will we attain this goal this year but we probably will surpass it.

Gratifying though this is, I think I take even greater pride in the fact that the statistics of the caseload represent human beings, including large numbers of people severely disabled who most need our help.

Much of the success achieved in rehabilitation since 1965 is attributable to the amendments of that year and to the 1967 amendments.

These gave us the flexibility that we needed to help the States fill the gaps in services and reach program areas that could not be served before.

This has required fresh thinking, bold experimentation, and imaginative innovation. It has required extensive use of pioneering projects, better and more widely available rehabilitation facilities, and sheltered workshops—and this is most important—and measures to assure a program of a larger input of qualified rehabilitation personnel.

Some of the basic statutory provisions under which these improvements were carried out are due to expire, and the committee has indicated an interest in extending these so that the program can continue to develop. This, of course, is one of the main reasons why we are before your committee.

When you foresaw the need last year to further strengthen the program in amendments to be offered this year, we determined to develop proposals that would reflect our recent experience of the 1965 and 1967 amendments and also deal with some of the urgent problems facing our Nation. We feel that H.R. 16134 will accomplish some of these ends.

The bill extends the authority for grants for rehabilitation facilities and workshops, for innovative projects, and for special projects including research and training. It provides that such sums as are necessary may be appropriated for these purposes after the fiscal year 1969.

Extension of the grant authority gives recognition to the accomplishments of the program. Moreover, the flexibility into the appropriations will permit the funding to be related in a realistic way to needs that actually are demonstrated.

I know, Mr. Chairman, that it is of concern to you, as, of course, it is to us, that only 1 year of extension was requested and that the authorization is less than we would have wanted under normal times. But I know you recognize, too, these are not normal times and that we have to consider our program, though important and valuable, and, indispensable, in the context of the overall economic and fiscal setting in which we find ourselves in the country.

So, while I would like to have perhaps a better and more far-reaching set of amendments, I must say that I have to be sympathetic with the administration in its determination of what would be possible this year.

The present law specifies that Federal funds may support cooperative rehabilitation projects in States provided that the services rendered through such projects are available in all political subdivisions of the States involved. In effect, such projects must be statewide.

It can readily be seen, in the harsh light of the kinds of problems that have recently flared up in many of our rural areas, that this restriction inhibits the program from focusing on actual and potential trouble spots. By modifying this requirement, H.R. 16134 will enable us to do a better job in supporting local projects in specific localities where urgent needs exist.

One of the unfortunate phenomena of our times, and one that is symptomatic of a most serious national problem, is the alarmingly large number of young people out of school and unemployed. This bill gives us one additional means for dealing with this and hopefully one that will accomplish worthwhile results.

It provides Federal funds for projects aimed at individual evaluations to find out what physical, mental, emotional, and other disorders might bar disabled youth now in school from future employment. A first and necessary step in dealing with their circumstances is to find out the reasons for it and then only can proper corrective measures be taken.

I believe that we have a great deal to learn in this field and that in the process of learning—under the terms of this bill—we will discover better ways of meeting the critical needs of some of our young people.

Now, I have already alluded to the vital importance of rehabilitation facilities and workshops. In rehabilitation centers, we find the specialized equipment and the combination of professional skills needed for overcoming the effects of severe disabilities. Here we have under one roof usually all of the diagnostic tools that are needed to chart the course for a severely disabled person. In most places today, this is the seat of the evaluation process.

Sheltered workshops fill the need for work opportunities for individuals who can perform some work but who are not ready to hold jobs in regular competitive employment. Traditionally, these facilities have created training opportunities and work for many thousands of persons. They have included individuals with such disabling conditions as blindness, mental retardation, mental illness, and cerebral palsy, to name only a few.

I think the proven value of sheltered workshops over the years in bridging the gap between unemployability and gainful work, especially for people that no other facility in the community was dealing with, gives us an insight into the potentialities for the future of expecting our workshops to broaden their vision and their availability of service, and make their facilities available to other parts of the community that are dealing with the hard-core unemployed.

I think we need to begin to see the sheltered workshop in a new light; maybe we ought to find a new name for it. Sometimes I think the "talent center" might be a better term. There certainly is a broader function and it will continue to broaden, especially if the workshop in the community becomes a focal point for mobilizing and preparing poorly qualified individuals to eventual self-support.

So many of the workshops and centers have already done this; in small ways, they have reached out. But I think we will look forward to a day when we can see the workshop, or whatever new name we may find for it, as one of the central points in any community for mobilizing what is needed to help people from total absence from the labor market on the way back into it; and, as a second point, have the workshops sponsor work and training and activities sometimes, but not always, looking to eventual employment, and for using the talents of people who may not be able ever to look forward to going into the competitive labor market.

Now that greater numbers of the severely disabled are being helped by the rehabilitation program there are, as I said, increasing needs for the services of rehabilitation facilities and sheltered workshops.

There is ample justification, economic justification as well, to increase the numbers of these facilities.

Within reason, facilities must be available to people where they live.

The workshop operation should be available fairly close to the neighborhood where people have to make their homes and earn their living. The workshop should be fairly close to them and we think this bill attempts to achieve this purpose.

Not only will new facilities for job training and work conditioning be created but private industry will be involved in a substantial way in adapting existing facilities and mobilizing its experience and know-how for these purposes.

In closing, Mr. Chairman, I should like to take special note of the bill's statement of the Federal role in the public rehabilitation program. We have tried and we shall continue our efforts to provide the quality of leadership that will best support the work of the States and serve the interests of the Nation as a whole.

We have an even greater responsibility today, and I feel a greater personal responsibility because I can see the tremendous opportunities and obligations before us, to translate the rehabilitation philosophy into the broader arena of people in distress.

To the degree that we have succeeded, to the degree that we can go forward in our search for the brightest star, Mr. Chairman, I must say that the past support of this committee and the fact that we know that you are back of us and trying to push us even beyond where we ask to be is one of the really inspiring and supporting experiences of any public official.

I want to express again and again my deep appreciation for your understanding, for your wonderfully perceptive critical ability to keep us on the beam, but, most of all, for your loyal and complete support for programs to serve the disabled of our country.

Thank you.

Mr. DANIELS. Thank you, Miss Switzer, for your very kind words just expressed.

I think it would be in order that before we proceed with the question-and-answer period that you have your colleagues testify as to their analysis of the legislation before us.

Miss SWITZER. I think that would be very helpful, Mr. Chairman. Thank you.

Mr. DANIELS. Mr. Hunt, you may proceed.

Mr. HUNT. Thank you, Mr. Chairman.

I welcome this opportunity to testify before you and your subcommittee on H.R. 16134, the Vocational Rehabilitation Act Amendments of 1968, a set of proposals to help improve and extend vocational rehabilitation programs.

First, however, I want especially to thank you, Mr. Daniels, for your leadership in the legislative development of this program. Over the years, you and your colleagues on this committee have consistently taken actions to assure that rehabilitation services more nearly meet the needs of our handicapped citizens.

The ultimate objective of each proposal in this legislation is to help create better and more opportunities for people with disabilities. The disabled in this country have demonstrated that they want to live actively and usefully as fully participating citizens with the responsibilities and rewards that are a part of that status in the community. This program is dedicated to helping them achieve that goal.

This committee, Mr. Chairman, and, indeed, the whole Congress, has consistently shown its support and confidence in the vocational rehabilitation program.

Through a combination of services tailored to the particular needs of the individuals selected to receive help, this program has enabled ever-increasing numbers of physically and mentally impaired people to prepare for and obtain work suited to their skills and potentials.

Most of them can be placed in full-time competitive employment; some need to remain in the sheltered environment of a workshop or a special placement. For some handicapped who suffer the added disability of age or multiple handicaps, part-time or seasonal work may be the answer. Others can be helped to resume or continue the management of their own homes or businesses where the routines can be more tailored to individual capacities.

Our conception of what can be done in this country to open opportunities for disabled people has broadened a great deal since the beginning of the program in 1920, both with respect to the potential capabilities of individuals who have the impairments, and with respect to the readiness of the labor market to make a place for them.

It was not until 1943 that medical restoration became an essential part of the total set of possible services. In the 1950's, the programs in the States began to help a greatly increased number of people with mental illness and retardation.

The 1954 amendments signaled new horizons in service, and removed blocks to service due to lack of knowledge and the scarcity of trained personnel and facilities. Training programs were instituted; demonstrations helped to spread the fruits of research and experience from the leader States to those not yet ready or tooled up to break new ground. Notable successes in the rehabilitation of ever-increasing numbers each year brought more local and State resources into the programs, and more Federal resources to match them.

In 1967, more than a half million youths and adults were being directly served by these programs, and about 174,000 of them completed their rehabilitation program and were placed in employment. The number is expected to increase to 200,000 or more, hopefully, this year.

As the vocational rehabilitation programs in the States have increased in size and effectiveness they have come to make an important impact upon the economic and social life of the nation. At the same time, the vocational rehabilitation agencies have developed and practiced techniques which have been found most useful in working with all disadvantaged individuals, whether or not they have medically definable physical or mental disabilities.

The far-reaching amendments of 1965 and 1967 greatly broadened the legal basis of this joint Federal-State program and increased resources. They strengthened the partnership between the State and local governments, helped cities and communities to branch out into innovative and new areas, encouraged closer cooperation between voluntary and public programs, drew the training and research activities of the great universities and colleges into closer working relationships with the service-giving agencies.

Under the impact of the 1965 amendments, more Social Security disability applicants have been rehabilitated, 18,200 in 1967. New techniques for helping the severely disabled have been devised through innovation grants, including mobile services and programed instruction.

Special services for disabled migratory agricultural workers are being developed—about 60 projects in different sections of the country. Cooperative work is also underway in city slum areas and impoverished rural areas—through such national efforts as the concentrated employment program and the cooperative area manpower planning system.

The amendments in this set of proposals before you, Mr. Chairman, are designed to complement and supplement the present provisions of the Vocational Rehabilitation Act in such a manner as to help achieve a growth in the program that will produce by 1973 an estimated number of 400,000 people rehabilitated each year. This goal can be reached only if we can build into program operations the necessary mix of funds, personnel, and cooperative relationships of the kind envisaged in the amendments in the proposed legislation.

Miss Switzer has pointed out the challenges that are before us—both with respect to the great reservoir of physically and mentally impaired whom we have yet to serve, and those people whose problems in finding a productive life situation are compounded by disadvantages arising out of the environment including poor educational or social preparation for the world in which they live.

Before us we have many challenges: the rehabilitation of handicapped migratory workers; the disadvantaged and disabled American of Mexican ancestry; the Negro youth with emotional disorders who has dropped out of school and can't find work; the deaf-blind who never left home; the young girl whose worldly wealth is counted in children without a father; the older worker left behind by fast-moving technology; the middle-aged man felled by a damaging stroke.

Many of these disadvantaged can be helped back to self-sufficiency through the services of this program.

Now, I think we can ask: What are the primary objectives to which the amendments are directed?

First, extending the programs and establishing new appropriation authorizations.

Second, providing for construction of more new facilities under section 2 of the act which authorizes formula grants to States.

Third, broadening and improving the scope of the program.

AMENDMENT OF PURPOSE CLAUSE

The amendment of the purpose clause for the act states that the Federal Government should provide maximum encouragement, support and leadership for the development of programs for the rehabilitation of handicapped individuals, and of improved methods and techniques in assisting handicapped individuals to pursue a constructive family and community life.

Additionally, it places on the Secretary of Health, Education, and Welfare responsibility for providing such encouragement, support and leadership and for the general coordination of programs and activities affecting handicapped individuals.

A new purpose clause expressing these objectives would bring up to date the general statement of the mission of the rehabilitation program within the family of programs in the social and rehabilitation service. It expresses the concern of the Secretary for the functional, vocational, social, and other aspects of life of handicapped people, with the purpose of improving the capabilities of such individuals to engage in training, employment, social, civic, and cultural pursuits.

APPROPRIATION AUTHORITY

Changes are proposed in the appropriation authority.

Section 1(b)(2) of the act relates to innovation grants under section 3 of the act. Heretofore, the amounts authorized to be spent were spelled out for each year. The amendment provides that $3.2 million will be allowed for the fiscal year ending June 30, 1969, and for each of the succeeding fiscal years, such annual sums as may be necessary. This will make it possible for the Congress to devote greater or lesser amounts to the kinds of projects and activities which are possible under this authority.

Mr. PERKINS. Right at that point, we want to have your views instead of leaving it open-ended. What figures do you feel will be appropriate to your requirements in the next 2 years?

Miss SWITZER. Are you asking me what levels?

Mr. PERKINS. Yes. We want to be thinking of the level of authorization, such sums as may be necessary. Sometimes we have difficulty with legislation providing no ceiling on an authorization. We want to get your opinion the best we can.

I want you to supply that.

Miss SWITZER. We will be glad to do that, Mr. Chairman.

Mr. HUNT. Thank you.

The appropriation authorization for demonstrations, research, and training under section 4 has been changed to provide for $80 million for the fiscal year ending June 30, 1969, and for each of the succeeding years, such sums as may be necessary.

Mr. PERKINS. Again, if you will, supply those.

Mr. HUNT. We will be happy to supply those.

This will make possible the orderly, progressive development of the research and training programs now underway. The amendment will enable the planning and expansion grant program to be developed as rapidly as possibly to extend services, for example, to more of the socially and culturally deprived individuals whose physical and mental illnesses are compounded by alcoholism, drug addiction, apprehension for public offenses, and the like.

This might include planning for and expanding inner-city rehabilitation programs tied in with outpatient servicing of alcoholics and mental patients. It could include greater emphasis upon halfway houses for city residents such as young mothers on assistance currently undergoing rehabilitation and needing a better living environment.

This could mean the development of multiagency centers where new and imaginative interprogram work can take place with the disabled and disadvantaged who need the services of more than one program.

Authorizations for grants for the construction of workshops and facilities under section 12 of the act are modified to provide under section 12(i) for an amount of $2 million for the fiscal year ending June 30, 1969, and for each of the succeeding 4 years, such sums as the Congress may authorize.

Extending the program for 5 years to 1973 will help to guide both public and private investment in the new construction of rehabilitation facilities to assure that necessary facilities are available, and duplication kept to an absolute minimum.

Authorization dates for grants for workshop improvement, including training services, under section 13 are extended through 1973. In addition, the authorization for grants for the fiscal year ending June 30, 1969, is changed to $10 million.

For each of the 4 succeeding years the amount that may be appropriated will be authorized by the Congress. These extensions will contribute to the necessary development of opportunities for people needing work training in a sheltered environment.

Mr. **Perkins.** Let me first say that I agree with your thinking here. In fact, all of these programs should be made permanent at this time with an open-end authorization but we have got to face realities.

Do you agree with that, Mr. Chairman?

Mr. **Daniels.** I do know that it is the intent of many members of this committee not to authorize open-end authorizations. We have had much experience with that in the past year or two and it is our feeling that the sums of money necessary ought to be specifically set forth and approved by the committee rather than letting it go through the Appropriations Committee; we should spell out the need and request the necessary authorization.

On this point, the question that comes to my mind is this: I notice that you are not recommending any extension of authorization or appropriation beyond 1969 and 1970 for section 2, and as to sections 3, 4, and 12 of the bill, you merely are asking for additional appropriation authority for 1 year.

Now, in view of the proven worth of this program, and I don't know of any legislation that has come out of this committee which has met with more unanimous approval than vocational rehabilitation legislation. I am at a loss to understand why you are only asking for 1-year authorization.

Miss **Switzer.** Do you want me to take that, Mr. Chairman?

I think I mentioned briefly in my opening statement that obviously it would be more desirable and certainly easier to plan if we had a 2- or 3-year authorization. We, however, were under the constraints of the present climate of budgeting and the fiscal constraints that are on all of us, and it seemed to be preferable to accept the inevitable for this year and perhaps next year, when we will have to come up anyway, for extensions on section 2, there will be a better climate and we would be in a better position to have authorizations that would be more nearly consistent with what we would like to achieve in the program.

Mr. **Daniels.** Miss Switzer, do you think the States might regard such action of a 1-year extension as laxness on the part of our Federal Government in the continuation of the program?

Miss **Switzer.** I don't think so in section 4, Mr. Chairman.

It seems to me that sections 2 and 3 and the 12 and 13 sections are primarily directed at areas in which States have to have some assurance for planning purposes more than 1 year ahead.

Section 4 is the project-grant program which can be tailored to meet either a very expanding or a very contracting situation fiscally.

Now, don't misunderstand me. This is my favorite section almost, because this is where we have been able to do all of our innovating experiments and demonstrations and it is a very essential part of the program.

I would hope that in a different climate we would be able to get an extension for 2 or 3 years, whatever the committee's practice at the time, with an authorization that would be realistic in terms of the need. This year was not the year for that.

I think Mr. Perkins has expressed it well, and we all know what the constraints are. I feel myself that it is only the better part of wisdom to recognize the situation and be prepared to adjust as best we can.

I certainly feel that with the Budget Bureu and the Congress, and everyone going along with the recommendations for section 2, which is, after all, where the big service money of the program is, that there has never been any disposition on the part of anyone in the executive branch or the legislative branch to try to cut back or do anything that has to do with the continuing support of the Federal-State program.

It seems to me that section 4 is about the only place that one has any ability to maneuver either up or down. So, while I regret the necessities of the situation, I must say that I have to accept it with good nature and being a public official recognize the public responsibilities that I have in trying to fit into what is at best a very complex situation.

Mr. ERLENBORN. Would the chairman yield?

Mr. DANIELS. Yes.

Mr. ERLENBORN. While we are talking about realistic authorizations, I would like to know what the appropriation requests for this fiscal year are in relation to the authorization for this year. In other words, have you requested in the appropriation bill the amount authorized or something considerably less?

Miss SWITZER. No; in section 4, we have requested the amount authorized in the bill, and in section 2, of course, we have a sliding amount because not all States are able to pick up that full allotment.

But section 4, in the President's budget the full amount of the authorization is requested.

Mr. ERLENBORN. How many authorizations are involved in this bill, separate authorizations?

Miss SWITZER. Five.

Mr. HUNT. Five.

Mr. ERLENBORN. In section 4, you say the appropriation request matches the authorization.

How about the other four authorizations and appropriations? How do they compare?

Mr. HUNT. The figures in the bill are the same as the figures in the 1969 President's budget. Section 2 has its own authorization and extension through 1970 and an additional extension is not asked for here;

but for the other authorizations asked for in the bill, the sums shown are the same.

Mr. **Erlenborn**. As the budget process?

Mr. **Hunt**. Yes.

Mr. **Erlenborn**. I am glad to know that. I think in other programs, not this particular one, we have authorizations that far exceed what the administration effort intends to request. I think sometimes we build up false hopes of programs being funded and they never are fully funded because the administration does not request anywhere near the authorization.

It sounds to me as though you are much more realistic in this program.

Thank you.

Mr. **Hunt**. Taken collectively, the sums provided for in these several amendments will permit an orderly expansion of the program. The importance of this program to the economy of the Nation, to the national effort to reduce dependency of people on public welfare, is such that we have recommended extensions of temporary authorities when it has been demonstrated that these programs produce the particular facilities and services that are a necessary part of a successful effort to rehabilitate greater numbers of people with physical, mental, and social impairments.

BROADENING THE SCOPE OF VOCATIONAL REHABILITATION SERVICES

As you have pointed out so clearly, Mr. Daniels, in your remarks upon the introduction of your proposals for expansion of this program, the heart of any legislation is the definition of those individuals whom the program may aid, and the services which it may bring to bear in the solution of their problems.

A modest but important step is proposed in the legislation before you. The prosthetic devices that may be provided are defined to include orhotic devices, primarily a clarification amendment. More important is the recognition of the role of counseling and social services, and such other goods and services as the Secretary would provide in regulations, which may reasonably be expected to eliminate or substantially reduce any impediment to the full utilization by handicapped individuals of the services furnished them by the State pursuant to its plan approved under section 5 of this law.

Under such a provision, the Secretary could, by regulation, arrange for the provision of special vocational adjustment services or allow the provision of a ramp or the minor modification of a toilet to accommodate wheelchair patients in a school or job for which they are otherwise qualified and able to get to.

It could mean the counseling of a spouse or child whose natural fears for the safety of a severely disabled relative are keeping him from maximum participation in activities that will ultimately contribute to his full rehabilitation. Judiciously applied, this provision can enable the State agencies to meet the unexpected, unusual need of the handicapped person as he progresses to full rehabilitation.

ALLOTMENTS TO STATES FOR INNOVATION OF VOCATIONAL REHABILITATION SERVICES

This proposed amendment would introduce needed flexibility into the administration of Federal resources for innovative work. When the Secretary determines that amounts alloted to a State or States are insufficient to carry out the purposes of this section in that State, he may increase amounts to that State or States by reallocating sums not needed but originally alloted to another State or States.

This we have not had and this is one of the principal reasons why this section of the act has not been used. The sums have been small in many cases and no real allotment procedure was provided for in previous legislation.

With proper safeguards, this would make relatively modest sums for this program capable of meeting overall needs to a greater degree. Redistribution of funds would be on the basis of need and readiness of States to go forward with innovative efforts.

Priority for additional allocations could be given to those States with developed but unfunded projects, to those States with a uniquely demonstrable approach to groups of people traditionally hard to reach or help such as handicapped people having particularly catastrophic or severe disabilities. Evaluations of new efforts and techniques would be encouraged.

WAIVER OF STATEWIDENESS REQUIREMENTS

Originally provided for in the 1965 amendments to the Vocational Rehabilitation Act, the concept of waiving the plan requirement for statewideness for a locally financed activity has proved most helpful in extending rehabilitation services to particular groups for whom special resources have become available.

Similarly, this concept can contribute, when expressed in a cooperative agreement, to the provision of needed rehabilitation services as part of a larger community effort to mobilize and direct Federal, State, and local resources along with private funds, to a concentrated program in a region, a part of a city or State.

On a selective basis, it should be possible for vocational rehabilitation services to be built into many of the new programs directed at reducing dependency such as socially disadvantaged young drug addicts who need protective services, remedial education, vocational counseling, and a program of job tryouts and training.

I do want to say at this point, Mr. Chairman, in the final examination of the bill we have discovered a defect in the writing of this section. It does not carry out the authority that we had intended.

The section of your bill, H.R. 15827, has the idea expressed exactly as we had intended it to be in our legislation because as this is written, and we can supply the corrections for you——

Mr. **Daniels**. Can you identify the particular section that you make reference to?

Mr. **Hunt**. The section on waiver of State rights requirements. At the top of page 6, section 5 of H.R. 16134.

Let me explain what I mean by "defect." What this does is to merely strengthen the waiver of the statewideness that we have had in our present legislation. This is not what was intended. What we intended was to make it possible in States, in all parts of the country on a special-project basis, to have the sole State agency principle laid aside for a particular project at the request of a Governor, to the Secretary in order that several agencies could join their funds to carry out a particular project for the handicapped.

This kind of joint administration is not now allowed in the Rehabilitation Act and the section, as we have written it, we feel would not provide this new authority.

Mr. Daniels. Is that set forth in the bill that I introduced?

Mr. Hunt. Yes, it is, and with greater clarity it does express exactly what we intended to do. I think there is an incorrect reference in H.R. 16134 to the section we wish to amend, and also I think the words that you have in your bill would be very suitable for this.

Miss Switzer. In other words, his bill is better than our bill.

Mr. Hunt. Yes.

INITIAL STAFFING FOR REHABILITATION FACILITIES AND WORKSHOPS

This amendment provides authorization for the expenditure of funds for the initial staffing of both workshops and rehabilitation facilities for a period not to exceed 2 years. Because of limited resources, this 1965 amendment became operative with funding as late as 1968.

The growing number of new and renovated workshops and facilities to house new or expanded rehabilitation and workshop activities means greater demand for help in staffing these new resources. In many cases, desirable extensions of services in existing facilities have been deferred because of personnel shortages. This amendment will go far to help remedy the situation by increasing the eligible period and extending the service to workshops as well as rehabilitation facilities.

PROJECT GRANTS FOR SERVICES TO DISABLED YOUTHS

As Miss Switzer has observed, this proposed amendment would enable the Secretary to make grants to any State agency designated pursuant to a State plan approved under section 5 of this act, and public and nonprofit organizations and agencies, to pay the cost of projects which will undertake to develop for youths in school, who have physical or mental disabilities or employment handicaps, a comprehensive evaluation of their disabilities and handicaps.

Coordinated with their educational programs, such evaluations would be aimed at determining what impediments exist to their entering into the competitive labor market, and the development of a plan as to what services existing in their communities might be utilized to overcome these impediments, with the objective that such youths will make the optimum use of their education.

Under such projects, the benefits of a comprehensive rehabilitation program could be made available to these young people who can be helped to overcome present disability problems, forestalling future problems of a more serious nature.

Such projects could bring together and focus school and community resources at a time when the optimum remedial and preventive benefits could be obtained.

CONSTRUCTION OF REHABILITATION FACILITIES AND WORKSHOPS

At the present time, formula grants to States may be used for expansion or alteration of rehabilitation facilities and workshops, but cannot be used for new construction. Amendments are proposed to sections 11(a) and 11(f) definitions to include construction as well as establishments of facilities in expenditures that may be made with the assistance of funds available under section 2 of the act.

State agencies would be able to use an amount up to 10 percent of their annual allotments for funding of construction of private or public facilities.

At the present time, 53 States agencies are in the process of formulating comprehensive plans for the orderly development of vocational rehabilitation services, with the objective of making such services available to all handicapped individuals in the State by July 1, 1975.

A companion effort is underway to determine statewide needs for rehabilitation facilities of all kinds which plan an increasingly important role in the rehabilitation of handicapped and disadvantaged people.

Under this proposal, State agencies would be able to decide whether program needs for additional facilities would be better met by newly constructed facilities or by remodeling or expanding an existing building. Matching amounts would follow the Hill-Burton program for formula for matching in the State.

MISCELLANEOUS AND TECHNICAL AMENDMENTS

Among other miscellaneous and technical amendments is one to amend section 1(b)(3) and section 4 to enable the Secretary to make contracts or jointly financed cooperative arrangements with business, industry, and commerce for special projects with selected business firms and other profitmaking organizations to set up work situations for handicapped persons buttressed by adjustments and supportive services such as those now provided by workshops.

Such efforts would be designed to prepare handicapped individuals for gainful employment in the real labor market where they would work in modern, realistic work settings along with such helping services as may be necessary for them to continue to engage in such employment.

Envisaged here are natural extensions into the wider world of employment of the work training and production activities now generally confined to workshops and rehabilitation facilities so that disabled people can be given employment in a sheltered setting, insofar as this is needed to keep them in employment.

Among the technical amendments is one to repeal sections 15 and 16 which provide, respectively, for work toward the elimination of architectural barriers to the rehabilitation of the handicapped, and grants for special projects in correctional rehabilitation. In both cases, programs of research and study were established.

I am pleased to report that the National Commission on Architectural Barriers to Rehabilitation of the Handicapped undertook an intensive review of this problem. They gathered facts about the effect that architectural barriers such as steps, narrow doorways, and inaccessible facilities such as toilets and eating facilities, have upon the ability of disabled and older people to enter and use public buildings essential to their education, employment, or normal living requirements.

They held hearings and conducted new surveys. Their report of findings and recommendations has been made to the Secretary of Health, Education, and Welfare.

Last week, the House Committee on Public Works held hearings on this problem to consider Federal legislation to eliminate barriers in Federal buildings and public buildings assisted with Federal funds. Such proposals had been introduced by many Members of Congress, including Mrs. Green; Mr. Steiger also has expressed interest in the Commission's work.

Legislation has already been enacted by the Senate, and much support has been shown for early enactment of legislation by the House.

Mr. SCHEUER. Will the witness yield for a moment?

I was present at that hearing. I testified in favor of that bill before the Public Works Committee. I was told that a representative of HUD had appeared and had asked for delay, because he felt that it was too soon for that measure to be approved.

This is hearsay on my part but that was reported to me by the members of the staff of the Public Works Committee.

I would hope that you folks would get in touch with HUD and find out if there is any specific hangup that is dampening their enthusiasm and perhaps get together with them and work out whatever problem there was because I got a very clear impression that the HUD representative threw considerable cold water on the prospects for early passage of that bill.

Mr. HUNT. I heard the witness. I was there, sir, and I talked to him afterward. I think the position he was taking was due to the fact he thought the Barrier Commission's report itself had not been sent to the White House and had not been released.

I am not able to state an opinion from my conversation with him. He would have to speak for himself as to whether he had used this particular occasion as a tactic to defer the legislation—I could not say that.

I did explain why we were enthusiastic about it and why I felt the point he had made was not very strong at all, not very appealing to us.

Now, there was another Federal agency that was going to take the same position regarding the report. They changed their position before the hearing and said that, as long as HEW knew exactly where the report was, the agency was willing to suport this legislation.

It may be, however, that HUD, itself, may feel it has a lot of problems because in his statement the HUD representative did make mention of certain kinds of things that his organization did not think they could go into with respect to barriers. I could say his position was conservative, but——

Mr. SCHEUER. I think that is certainly putting the best face on his position; I think you are being very charitable.

Miss **Switzer**. May I add a word, Mr. Chairman, and Mr. Scheuer?

It seems to me that there are, of course, a great many difficulties in the way of achieving complete elimination of all barriers, but at least I would have no patience myself, personally, with any attempt not to have the Federal Government take the responsibility to put Federal money in.

So, we will do everything we can to at least get this relatively small step in the right direction.

Mr. **Scheuer**. Miss Switzer, I do not want to get us off the track; this is a wonderful bill we are considering and I do not want to spend time on that public works bill. But I think they are maximizing those problems. I do not take HUD's recommendations seriously at all.

I was in a program well up in the hundreds of millions of dollars worth before I came to Congress and I was a wheelchair patient myself after I left the Foundation. Thanks be to God, I have gotten over that part of my career, but I know what it is not to be able to get into a men's room, not to be able to eat, not to be able to get to a door due to the presence of one single step, to have to go through the humiliating business of being carried up or being lifted over the step, when a simple little ramp would have made a disabled person self-sufficient.

I think the HUD reservations I heard about are absolutely silly and inconsequential and trivial and cruel in their import.

Miss **Switzer**. I agree with you.

Mr. **Scheuer**. When you are talking about an expenditure for these buildings that would perhaps be a fraction of one one-hundredths of 1 percent of construction cost on $1 million, we may be talking about less than a thousand dollars.

Miss **Switzer**. If you are skillful, it might not cost anything at all.

Mr. **Scheuer**. Sure. You can spend thousands and thousands of dollars giving supportive social services and educational and remedial help, and God knows what, to a disabled and disadvantaged person and, due to a lack of a $50 investment in a ramp, the disabled person can't work at a place where he otherwise could, and is imprisoned within the four corners of his apartment.

I think their conduct is—I am not even going to finish that sentence.

Miss **Switzer**. Well, with your encouragement——

Mr. **Scheuer**. Off the record.

(Discussion off the record.)

Miss **Switzer**. With your support, we will go back and really go after them.

Mr. **Hunt**. I give this report to the House Committee on Education and Labor with great satisfaction because it was the initiative of this committee which made possible the establishment of the Commission and its fine report that is already leading to legislative and administrative remedies, and I hope better than was suggested, sir.

In conclusion, Mr. Chairman, I want to stress to you our hope and expectation that this set of legislative proposals should make it possible for all handicapped people to obtain maximum vocational evaluation and work adjustment services, within the full range of vocational rehabilitation services that will enable them to function at their maximum potential.

Similarly, Mr. Chairman, we are convinced that the rehabilitation programs will continue to make an important contribution to the overall program of adjustment training and placement of other disadvantaged people for whom the Congress and the Nation have expressed such deep concern.

Under the brilliant leadership of Miss Switzer, who is now responsible for the redirection of many programs for disadvantaged children, youth, older people, and the disabled, we are finding new ways to associate the resources and the experience of the vocational rehabilitation programs with those of other programs to help rehabilitate increasingly greater numbers of disadvantaged people who need help that will produce for them new horizons of hope and attainment.

I would just like to say in conclusion, I should have said it at the beginning, that I have for a number of years, as has Miss Switzer, been closely associated with the development of Goodwill Industries. I could not really count the number of places that I have been, nor describe the great work that I have seen, the devoted directors of these industries that I have met during the last 20 years, the constant application of talent, the almost incredible devotion that Goodwill people show toward the handicapped in their shops and the ways in which they keep their hopes up even when it becomes very difficult sometimes to finance certain sections of the work and keep the budget in line.

As a result of the splendid legislation which this committee has brought into being, we have been able through a series of grants over the years to expand their facilities, to bring them new equipment and through the State agencies to purchase services from them in order that they may make ends meet and do great things for handicapped people.

Thank you.

Mr. **Daniels**. Mr. Huitt.

Mr. **Huitt**. I am here this morning just to indicate the importance that is attached to this program by the Secretary. I will help this committee in any way that I can.

Thank you.

Mr. **Daniels**. I have listened to all three members of the panel. All of your testimony is on H.R. 16134 which I can now refer to as the administration bill. With the exception of only one comment made by Commissioner Hunt, there was no reference to H.R. 15827, which was introduced by myself and 24 other members of the committee.

I would like to have your opinion on the last bill, H.R. 15827. Have you had an opportunity to look at it and study its provisions?

Miss **Switzer**. Oh, yes; and we have been very conscious of the comprehensive approach, Mr. Chairman, that you have taken.

Of course, while there are several parts of this bill that are not in the administration's bill, the administration bill does fit in, I think, in some of the necessary places.

Your bill is a bellwether or beacon, you might say, and it includes a number of things which in a different climate we might have been in a position to recommend ourselves. I would be very happy to be a bellwether under almost any circumstances that I can think of.

It seems to me that the two things go well together and it gives the committee an opportunity. Ours, I would say, was a minimum necessity to continue operations; yours goes somewhat beyond that and gives us a few new roads down which we could go.

So, it is a question in my mind as to weighing the climate of the times. Next year when we will have to come before this committee anyway to get an extension of section 2 authorizations, perhaps we can have an even more comprehensive bill than yours.

Mr. **Daniels**. I do provide in H.R. 15827 for evaluation and for work-adjustment services, but I am not sure if you approve the philosophy of the principle involved by that provision.

Miss **Switzer**. Which one? What section, Mr. Daniels?

Oh, that is the one on evaluation.

Mr. **Daniels**. Evaluation.

Miss **Switzer**. Yes. This is a very, very important area of our service into which we must get more deeply.

One of the significant contributions which has been made to community effort to find out what is wrong with people who need help and to chart their course along a line to achieve what they can achieve has been through the process of evaluation.

There is no question in my mind that an organized system of evaluation centers, and there are a number of different ways that this could be done, would do several things. First of all, it would provide for better evaluation in a more orderly way; it could be the focus for a good many things that are going on now that need to be pulled together, especially the cooperative program between vocational rehabilitation and public welfare.

I might as well be frank with you and say that we would have had this in our legislative proposal if this had not been the kind of year it is. I wish I could do something about the climate of the times; I wish I could make the magic wand take away the restrictions that there are on the things we want to do, but, unfortunately, all I can do is to deploy the resources I have to the best interests of the people that I have the responsibility for serving.

So far as being in favor of your proposal, in principle there is no question in my mind that it is an excellent, forward-looking, and very constructive new approach that would give the rehabilitation agencies a new opportunity to better organize and enlarge their potentials. There is no question in my mind about that.

Mr. **Daniels**. A question arose with reference to the 10-percent limitation on construction. There seems to be some doubt, one of which is mine, as to whether the limitation applies to construction or to rebuild an existing facility.

Miss **Switzer**. The 10-percent limitation is on new construction. The relationships between the existing legislation on establishment which is renovation and so forth, there is no limitation on that; that is up to the State. But I feel quite strongly that a limitation on new construction is in the best interests of everybody because this appropriation is not primarily the major vehicle for construction in this program and 10 percent would be, I think, enough.

Mr. **Daniels**. It is intended to provide for new construction?

Miss **Switzer**. New construction only.

Mr. **Daniels**. And not the establishment?

Miss **Switzer**. No; not the establishment.

Mr. **Daniels**. Mr. Chairman, do you have any questions?

Mr. **Perkins**. Again, Miss Switzer, it is a pleasure, as usual, to hear you intelligently stress the importance of humanitarian legislation in this field.

I, personally, want to congratulate you on your most worthy presentation. I know just how you feel at times like these. None of us can get what we would like to get; we have to do the best we can.

Some people state that we cannot have guns and butter. World conditions are so demanding that many members feel the domestic programs must be cut sharply.

I feel that all of us, and especially the members of the committee and every representative of the Goodwill Industries, every representative of the National Rehabilitation Association, will realize that we cannot enact on the floor of the House the type of bill this year that we would like to enact. We will take advantage of every opportunity that presents itself in the future, if world conditions prevail, to expand and come forth with more innovative programs.

I know that the great lady who is testifying would be the first to advocate and subscribe along that line.

Mr. Erlenborn is not here, but he indicated a few moments ago that you should come up with some specific authorization level, and not leave these appropriations open ended.

Now, the committee intends to give this bill the same priority as the higher education bill. In fact, Mr. Daniels tells me he is going to move it through the subcommittee next week and we are going to have it before the full committee the following week.

There is an area in which I think I should ask a further question. The authorizations expire mostly, as I understand, in research, training, and innovation. Will you suggest figures for fiscal 1970 and fiscal 1971?

Miss **Switzer**. Yes, we will, Mr. Perkins.

Mr. **Perkins**. Every aspect of the program where you have not suggested any figures.

Miss **Switzer**. And section 3, also.

Mr. **Perkins**. And section 3, also.

Miss **Switzer**. Yes, we will.

Mr. **Perkins**. Those are all the questions I have, Mr. Chairman.

I certainly wish to thank you for your testimony. I think the amendments are constructive.

Mr. **Daniels**. The gentleman from Wisconsin, Mr. Steiger.

Mr. **Steiger**. Thank you, Mr. Chairman.

Yes; I do have some questions.

I want to welcome Miss Switzer, Commissioner Hunt, Dr. Huitt. It is always good to have you before the committee.

I recognize the difficult position in which you find yourselves. I was glad to see that you were sympathetic with the administration in its budgetary problems as well as sympathetic with the Congress in saying that this was a program of high priority. Quite honestly, I think it deserves higher priority than the administration bill gives it.

In section 9 of your bill, H.R. 16134, you propose that 1 percent of the appropriations under sections 2, 3, and 4 be made available to the Secretary for the evaluation of the vocational rehabilitation program.

Funding of this program from those three sections would mean several million dollars a year.

I wonder if you would not agree that this is a substantial sum of money for such purpose. I would appreciate some more precise explanation of just how you propose the funds be used.

Miss **Switzer.** Well, this is sort of a common provision that the Department has recommended in most of its grant-in-aid bills that it has sent up this session.

Mr. Steiger, I call your attention to the fact that it says "not to exceed $1 million."

There is no obligation on anybody's part to spend up to the million if they don't need it. I feel that with the hundreds of millions of dollars that we are investing in vocational rehabilitation we know it is a good program, we have every reason to believe that it has a minimum of soft spots in it because up to now we have been able to keep fairly close track of it.

It has been a small, growing program and we have been able to follow it step by step. But when you get into a situation where a program is spending probably, or will be in another year or two, public and private funds of a billion dollars a year, it seems to me that it is only good economy to make it mandatory on the agencies administering these programs to really do more in an organized way of evaluation and checkup, not in the investigatory sense, but whether or not we really are reaching the goal that we have set out to reach.

I think that a million dollars might be too much for this program. That is what the mathematics comes out. I would not know; we have not made any budget estimates on it, but I would say commitment to the principle of evaluation so that you would be in a position and we would be in a position to work with you on what has really been accomplished in an objective way would be a constructive investment of money.

Mr. **Steiger.** I concur with you, Miss Switzer.

Miss **Switzer.** I mean as far as the amount is concerned, as far as I am concerned, I would not be able to tell you if you asked me today what I wanted to do next year; I just have not figured that out yet, but I guess I could if you want me to.

Mr. **Steiger.** Yes. I wish you would try to figure it out and give us some counsel on that question of what is an appropriate level.

I agree completely that administrative oversight of a program is extremely important, and we just don't do enough of this.

Miss **Switzer.** If you have an authorization like this which is more or less of a directive, you cannot put it aside and do something else.

Now, we have a program, and have had for years in vocational rehabilitation, of what was called administrative review. We pick one subject and we go around and we say, "How are we doing here and how are we doing there?"

If we get in a tremendous promotional aspect and we have a lot of developmental work to be done, we tend to neglect that part. Now, I think this puts a mandate and an obligation which would be a little bit more binding on all of us and I think it is a very important obligation for us to assume.

Mr. **Hunt.** I think also, Mr. Steiger, this would be subject to the budget process, you know. This would have to go through the Bureau of the Budget and have to get on the President's budget and it would have to be cleared and approved by the Appropriations Committee.

Mr. **Scheuer.** Would you yield very briefly?

Mr. **Steiger.** Very happy to.

Mr. **Scheuer.** I would like to emphasize what my colleague has said and what the witness has said as one who has sat on the Poverty Committee and Educational Subcommitee where we are spending perhaps under $200 million on poverty and title I.

If I had one basic complaint in the way our Government has approached these programs, it is the gross lack of adequate ongoing evaluation. I would like to know one heck of a lot as to how the various title I programs are working and I would like to know a heck of a lot more about how the various ingredients of the poverty program are working. We don't have any ongoing scrutiny or evaluation.

I think as one who wants to maximize the cost effectiveness of every dollar we spend, and I know you share that view with me, that if we want to run a businesslike shop here we should insist on more evaluation of ongoing programs so that the many innovative approaches that have been mentioned in the testimony could be reviewed on a current basis. If any of them are inadequate, they can be retailored, reformed, and rehashed, and the ones that are really doing a great job can be shored up.

I think it is essential for you and me to do our oversight job, to have the benefit of a constant detailed and thorough review and analysis of these innovative ongoing programs.

Miss **Switzer.** I think also that is is important. Now, the only opportunity we have to do this is through a research grant. We have done some followup studies and so forth but I think it is the continuing oversight that is the important thing, the continuous obligation, if you will, and I certainly am strongly in favor of it.

I think it can be overdone and I think the budgetary control is the way to handle it.

Mr. **Scheuer.** I don't think there is a major business in the United States that would not spend many times more than 1 percent on ongoing review and evaluation of its production, sales programs, and packaging programs, merchandising programs, et cetera, et cetera, on into the night.

Miss **Switzer.** We have just finished appearing before the House Committee on Appropriations on the whole service; we have been down there all week. One or two of the programs we were discussing with them was how this new amendment got in the 1967 appropriations.

There were questions, of course, but there appeared to be good support and good understanding of the purposes. No disagreement with the principle, and a good cross section of the committee was present when we discussed one of the most important ones. So, I think there is a general feeling of need for this.

Mr. **Steiger.** May I ask also, Miss Switzer, in your bill you did not, if I read it correctly, put into the basic law what has become known as the Appropriations Committee's amendments to vocational rehabilitation.

Miss **Switzer.** That is right. We have language which we are suggesting to the committee which is probably on its way, because this was a question the Congress had raised with me in the hearings and I made a commitment. We have the language to put in and make it part of the total legislation. I think it is very important.

Mr. **Steiger**. Fine. I concur completely that ought to be done.

One further question. The 1965 rehabilitation amendments created a new program known as the trained services with a system of training allowances. The National Policy and Performance Council was created to set up standards for this program and rules on such other matters as might be designated.

I wonder how this program has worked out and what the contribution of the Council has been and how the standards that have been promulgated have been accepted.

Miss **Switzer**. This has been one of the most exciting and I think most creative Councils we have ever had.

We have had since 1954, a variety of statutory and administratively established groups meeting with us. This Performance Council has exceeded anything that I have ever seen in Government history of a really creative, deliberative body.

I suppose one could attribute it to the membership in part but mostly to the brilliance of the leadership of the chairman. This was certainly the indispensable ingredient and the staff supported it.

It is our intention to keep this Council in being and to keep its attention directed primarily to the problems of workshops because as I listened to the deliberations during the year or more that they were hammering out these standards, this is a highly specialized area. I think it would be very confusing to give them a broader mandate or to expect them to make a professional judgment on other aspects or facilities.

But the standards that they evolve had amazingly affirmative acceptance considering the controversy that exists in much of the workshop field over the necessity for some of the things which the Council recommended. I think that the acceptance of the standards is testimony to the carefulness with which they work out their recommendations and the very good, solid consultation that they had before they finally made their recommendations.

So, I would feel very strongly and would hope that the committee would agree that for this program, the training grants program—we hope it will be a constantly growing one. It will be the vehicle for the support of many people who would not be able to get training in any other context, and they could have the guidance of a council like this continuously.

I think it is quite inexpensive to our sense of security if I am proceeding in the right direction.

Mr. **Steiger**. One more question, Mr. Chairman, and I know time is running very, very short.

In the bill, H.R. 16134, you have the 10-percent section 2 construction set-aside feature which is the same as the bill that the chairman, myself, and others have introduced. You used the Hill-Burton formula for the distribution of those funds.

Miss **Switzer**. Yes; we used the Hill-Burton formula. This was done because new construction, practically speaking, which our Department is concerned with in the medical and health-related fields, is on the Hill-Burton formula.

At first, I felt that this would create problems with the administration in the States, but after polling the representative group of State directors, I found that this was not a problem with them but they rather thought it was a logical idea.

I don't necessarily say that consistency is a great virtue or that it is an end in itself, but the new construction that they have under sections 12 and 13 and under the Hill-Burton facilities, it seemed to me that there was more to be said to put it on the Hill-Burton formula basis than to leave it on the 75-percent basis.

Mr. **Steiger**. Fine, Mr. Chairman.

Thank you.

Mr. **Daniels**. The gentlemen from New York, Mr. Scheuer.

Do you have some questions?

Mr. **Scheuer**. Yes, I do, Mr. Chairman.

First of all, I would like to thank you and congratulate you for the magnificent leadership and insight that you have shown in the 2 years that you have been chairman of this subcommittee. I think you have done a marvelous job and all of us in Congress are indebted to you for your truly great leadership.

I would like to thank all the witnesses for their fine testimony. The time is going to be very brief so let the record show how delighted and pleased I was with the broad sweep and scope of your testimony.

Miss Switzer, on pages 4 and 6 and 9 of Mr. Hunt's testimony and on page 5 of your testimony, you make it very clear—I am delighted you are doing this—that you are taking a very broad gage point of view on your definition of "crippled" and "handicapped" and you talk on page 5 of the young people out of school and unemployed and the individual evaluations to find out what physical, mental, emotional, or other disorders might bar disabled youth now in school from future employment.

On page 4 of Mr. Hunt's testimony, he talks about the reservoir of physically and mentally impaired and the disgraces arising out of the environment for educational and social preparation. He speaks of the disadvantaged and disabled Mexican-American youth, the Negro youth with emotional disorders who drops out of school, the young girl who is an unmarried mother.

On page 6, he talks about the socially and culturally deprived individuals, those physical and mental illnesses that are compounded by alcoholism, drug addiction, apprehension for public offenses and the like; in the city rehabilitation program and multiagency centers.

On page 9, he talks about social disadvantages of the drug addicts who need protective services, remedial legislation, and a program of job tryouts.

Now, this is a formidable goal that you have set for yourself and I am happy you have aimed for it, but it is a formidable goal.

Now, you talk on page 4 of your testimony about measures for assuring the program of a larger input of qualified rehabilitation personnel.

When you take the language that I just briefly brushed over from Mr. Hunt's testimony and yours, you are talking not of a couple hundred thousand, you are talking of up in the millions.

The more we have learned from our poverty programs and our Elementary and Secondary Education Act and your rehabilitation, the closer you get to a need for a 1-to-1 relationship with these people with their highly sensitive and personal problems, and to achieve a geometrically improved result.

Where in the world are you going to get the cadre of manpower to meet this need as set out in your broad-gage and highly creative and thought-provoking survey?

Miss SWITZER. Well, I don't know where we are going to get it all but I know we are not going to stop trying to do a program because we don't see all the personnel in place at the moment.

Every single program in this general area and in most others has a manpower shortage and we know we never would have started anywhere if in 1954 we waited to expand the program until we got the Council framed.

I feel there are poor people in several places that have not yet been really given an opportunity. There has been an overprofessionalization in the areas of personnel that are serving in all of these programs.

Now, don't misunderstand me just because I am what you might call an illiterate A.B. I am not against the professional and I have worked hard to stimulate the professional social workers, and so on, but there comes a time, and we are at it now—in fact, we are beyond the danger point—when what we need primarily are people with a sympathetic approach to the problems of other people with a reasonably good educational background that gives them the maturity and stability to know where they are going.

I think we have not taken the advantage of many youngsters coming out of college before they take their step into professional education. We have been experimenting with undergraduate liberal arts programs to try to find a cross-section of people, not necessarily sociology majors and psychology majors, although those are the first ones you think about, but other people that would go in and help in these programs. This is one pool.

Mr. SCHEUER. Let me go down the educational——

Miss SWITZER. I am coming to that.

I think this is the first level.

Then you come to the whole area of people that were only just beginning to find out how they can serve us and these are the people who live in the neighborhoods themselves.

Mr. SCHEUER. Right.

Miss SWITZER. I have been so impressed since I have assumed this position last August in meeting little groups, mostly they have been mothers of dependent children around about here, and when I have been out other places, and they have more sense about what they need than any of us do, really.

Mr. SCHEUER. And they have a great ability to communicate.

Miss SWITZER. Right.

When you think about the problems you are trying to attack, first of all you have got to have the confidence of the people you are trying to help. A nice person that lives next door with a mode of commonsense is going to have a better chance of helping a 13-year-old girl who is about to have an illegitimate baby not have her second illegitimate baby if she can have some kind of assurance that this sort of sympathy will be her thing.

So, I think that, from one extreme to the other and all the way in between, we must assume that there are people that we can get to help. Now, when you mentioned the scope of what we have in mind—and it is a dream and we are going down the road toward it—as far as the program of public rehabilitation is concerned, it has a central mission, and its central mission which we must not ever forget is the rehabilitation of disabled people for whom no other agency exists.

Now, as you get out on the curriculum and as people become convinced of what we can do, our State directors are responding to the demands the Governors make of them to come into the prison system and do something about the prison, and they do this as far as they can.

I am urging them all, and overurging them, to help us with our welfare problem, so we are going to have a lot of gray areas on the fringes.

Mr. SCHEUER. Let me just ask one further question.

This committee has passed a poverty bill that has a very identifiable program with the training and employment of subprofessional aides and public service doctors, nurses, payroll clerks, health personnel of all kinds.

Dr. Howard Rusk testified before Congressman Carey's Subcommittee on Vocational Rehabilitation 2 years ago of the great need for involving people from the neighborhoods just as you have described and in mobilizing their talents and exploiting their skills and ability to communicate by giving them exactly this kind of training and then employing them as rehabilitation aides of all kinds. I had an opportunity last week to speak to him and he said to me, "What are you doing? Why have we not gotten started with this kind of training program?"

Is this the kind of thing that you would like to see done?

Miss SWITZER. Yes.

Mr. SCHEUER. Have you used the talent in these poverty neighborhoods?

Miss SWITZER. Absolutely indispensable. It has to be done. It has to be done for the purpose we are talking about now but it also has to be done for an even more important one; it has to be done to make these people feel part of the whole current of life that is going on. Otherwise, we are in deep, serious trouble.

Mr. SCHEUER. I appreciate that testimony and I hope we will be able to follow up on it.

You also mentioned the testimony that the private sector is going to make and Mr. Hunt talked about on the very bottom of page 11, contracts with private firms to set up work situations for handicapped persons buttressed by adjustment and supportive services.

I take it that would include the whole gamut of remedial education, attitudes and skills, training, and the whole thing.

Mr. HUNT. Yes; it does that and it does it particularly in the work setting, you see. Many of these people that we would get hold of would not be the kind of people that would go to an ordinary class; they would have to be taught how to get there on time; they would have to be taught how to dress; they would have to be taught how to make out an application for a job, as well as to proceed from there to learn a variety of skills.

Now, there are a number of these disabled people that are really on the periphery. Let me give you an example.

Mr. SCHEUER. I take it when you say "disabled," you mean disadvantaged.

Mr. HUNT. Yes; yes; yes. They are fairly disabled in the setting in which we live. As they say, they are not going to make it. No matter how low the unemployment rate is, they are just not going to make it. They need very, very special attention and often they have an emotional mix in them that leads to disorders.

Mr. SCHEUER. In both of your testimony you said that the private sector has a role to play.

Mr. HUNT. Yes, indeed.

Mr. SCHEUER. Many of the firms who have been involved in the poverty program and experimental education programs have a very sophisticated learning capability and can be exploited in this field. I am very delighted to hear that and I am sure my colleagues are.

Mr. HUNT. Yes.

Mr. SCHEUER. I hope that you will produce demonstration programs that will involve the cross sector in a number of different roles so that we can at least investigate the enormous talent and the private sector may be mobilized for the disabled and disadvantaged.

Mr. HUNT. In fact, I don't think we will get out of trouble in this country until we do.

Mr. SCHEUER. I do agree with you.

Mr. DANIELS. In concluding your testimony, I would like to get your reaction to the proposed change in the meaning of vocational rehabilitation services to individuals as contained in H.R. 15827.

An effort has been made to simplify the language of the current definition. For example, it is devised to assist the handicapped individual, to become self-sufficient. We get down to family allowance, services to the family members, which also provide for—well, those particular areas.

Miss SWITZER. I think we would feel this is a very constructive section. I think it is more comprehensive than the one in our bill.

Mr. DANIELS. It does meet your approval; you have no objection?

Miss SWITZER. No.

Mr. DANIELS. Likewise, there is also a proposed revision of the definition of rehabilitation facilities to include workshops and rehabilitation centers.

The testimony before the committee has indicated that workshops and rehabilitation centers are both rehabilitation facilities.

Miss SWITZER. I would like those. I would prefer to have those two things mentioned separately, because rehabilitation facilities over the years has a connotation in people's minds of a rehabilitation center.

More and more, the workshops are becoming not only workshops, but centers, too.

I think that there is nothing to be really served, no clear purpose, in leaving out workshops. I think workshops are identifiable. I have not discussed this with the workshop people: I don't know how they feel about it; and I would not make a good thing about it one way or the other.

But if you are asking me what I would prefer, I think I would prefer to have rehabilitation centers and workshops mentioned separately.

Mr. **Daniels**. Well, thank you very much.

We are indebted to you for your very worthwhile testimony this morning.

Miss **Switzer**. That is nothing to the way we feel about you, Mr. Chairman, and the subcommittee; the debt is on our side.

Mr. **Hunt**. We are delighted.

Mr. **Daniels**. The House is now in session. Therefore, we must suspend this hearing.

I desire to apologize to Mr. Charles L. Roberts, executive director of the Association of Rehabilitation Centers, Inc., for not being able to take his testimony today. However, I shall give you preference at the next meeting of the subcommittee which will take place on next Tuesday, April 2. At that time you shall be our first witness.

The committee stands adjourned until next Tuesday, April 2.

(Whereupon, at 12:15 p.m., the subcommittee recessed, to reconvene at 9:45 a.m., Tuesday, April 2, 1968.)

VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968

TUESDAY, APRIL 2, 1968

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 10:10 a.m., pursuant to recess, in room 2257, Rayburn House Office Building, Hon. Dominick V. Daniels (chairman of the subcommittee) presiding.

Present: Representatives Perkins, chairman, Committee on Education and Labor, Daniels, Scheuer, and Steiger.

Also present: Daniel H. Krivit, subcommittee counsel.

Mr. Daniels. The Select Subcommittee on Education will now come to order.

We meet this morning to continue hearings on three bills dealing with the revision and extension of the Vocational Rehabilitation Act, namely, H.R. 15827, H.R. 16134, and House Joint Resolution 811.

Our first witness this morning is Mr. Charles L. Roberts, executive director of the Association of Rehabilitation Centers, Inc.

Will you take the witness stand, Mr. Roberts.

STATEMENT OF CHARLES L. ROBERTS, EXECUTIVE DIRECTOR, ASSOCIATION OF REHABILITATION CENTERS, INC.

Mr. Roberts. Mr. Chairman, I request that my statement of testimony be included in the record in its entirety. I would like to comment on most of it and have some additions to what was submitted last week.

Mr. Daniels. Without objection it will be so ordered. Your testimony will be printed in the record following your oral testimony.

Mr. Roberts. Mr. Chairman and members of the subcommittee, my name is Charles Roberts. I am executive director of the Association of Rehabilitation Centers. On behalf of the association I would like to express appreciation for the opportunity of appearing here today and commenting upon the proposed legislation.

The Association of Rehabilitation Centers is the leadership and service organization for rehabilitation centers in the United States. Starting from an informal organization of 25 centers in 1952, the association incorporated in 1954 and opened a national headquarters in 1958. Primarily an institutional membership organization, we have 230 member centers located in 42 States and Puerto Rico. We also have nine Canadian members.

There is special significance in hearing testimony from the association since the bulk of services provided handicapped citizens under both present and proposed legislation will be purchased from, and will take place in, rehabilitation facilities.

A few words about rehabilitation centers will clarify the setting in which these services will be provided. There is no prototype rehabilitation center, but several types designed to meet unique community and statewide needs. Our definition of a rehabilitation center is "* * * a facility to assist in the rehabilitation of the handicapped by furnishing comprehensive evaluation and treatment services under professional direction * * *" Our definition requires a much broader base of service than does the description of a facility in either H.R. 15827 or the present Rehabilitation Act.

Rehabilitation centers have traditionally served the physically disabled, but in recent years there has been increased emphasis on serving those with mental, emotional, and social disabilities. The majority of centers are private, community, voluntary agencies. All of our membership are nonprofit or public.

I would like to comment, first of all, on H.R. 15827. We are basically in strong support of this bill and we urge its passing. There are several particular aspects of the bill, however, which we feel require some clarification and possible amendment.

We strongly support the proposals to extend and enlarge upon the present authorization of appropriations. Facilities and state agencies have long waiting lists of citizens who need and can benefit from rehabilitation services. In today's emphasis on returning the nonproductive to work, these services are being provided at one of the lowest costs per client of any public program and with a high rate of success.

Let me cite the experience of a large, State-operated rehabilitation center serving a complex population requiring medical, psychosocial, and vocational rehabilitation services. These clients are considered by the State agency as requiring the highest expenditure of funds by the State agency and yet 75 percent of these individuals are being returned to active employment at an average cost of less than $1,800.

The proposal to broaden the State plan requirements so that the State agency may be able to share funding and administrative responsibility is sound. This will enable the State agency to develop joint cooperative programs with those other agencies dealing with the disabled and their families. This is especially appropriate now with greater emphasis on community centers which work with the entire family and on the total urban problem.

The recommendation in the Daniels bill for the provision of maintenance during rehabilitation to include a family allowance is long overdue. It is not uncommon to find a handicapped man with a wife and children, struggling in marginal employment—turn down an opportunity for vocational rehabilitation and training in a skilled occupation because he cannot afford to be in school. Frequently he cannot afford to give up a substandard income with the promise of a job "next year" following his rehabilitation training. A family allowance will make vocational rehabilitation more realistically available to more individuals by providing a basic family income while the handicapped person undergoes rehabilitation services and job training.

Rehabilitation centers tend to serve the more severely disabled. With this in mind we see great advantage in the amendment to allow provision of facilities and services which would contribute to the rehabilitation of a group of individuals. At present, services must relate directly to the rehabilitation plan of a single handicapped individual. The severely disabled, such as those wheelchair-bound with profound paralysis of all extremities, face unique and often overwhelming barriers to employment.

I recall one group of quadriplegics, those persons paralyzed extensively from the neck down, but with high levels of motivation and intelligence. All required certain daily nursing care, yet all were capable of selective employment for limited periods of time during the day. We envisioned a multiple dispatch service handling telephone calls with special equipment for several city departments, as well as taxi and delivery companies.

Each individual could work 4 hours at a stretch, but had to live at or near the place where he worked. Not one of them could afford to pay a nurse-aide or orderly, but together they could. What was needed was a specially designed dormitory with workspace built in. The potential employers were located and they were interested. However, funds were not available for construction or acquisition of such a building. The proposed amendments would make this kind of plan possible.

We are concerned over the wording of the proposed new definition of a rehabilitation facility only insofar as it does not state clearly that it refers to public and other nonprofit facilities. This is surely the intent of the amendments, but as now described a large number of proprietary facilities might be considered eligible for public funds, and we would like to suggest some clarification here if it is not covered in some other aspect of the bill.

On the other hand, we are quite pleased to see this amendment remove a semantic barrier and redundancy. Much unnecessary confusion has arisen from the present legislation in its reference to "rehabilitation facilities and workshops." A workshop is a rehabilitation facility, just as a rehabilitation center is. One of the things we note in reviewing rehabilitation centers and workshops in the country today is a growing similarity.

It is no longer possible at all times to tell the difference between a rehabilitation center and a sheltered workshop. Rehabilitation centers are often adding workshop services, the workshop is often adding medical and psychosocial services.

There are two national associations for facilities—ARC and NASWHP (National Association of Sheltered Workshops and Homebound Programs). These two organizations are presently considering a merger and I think this attests to the validity of a single label for both. There is also a Commission for Accreditation of Rehabilitation Facilities, founded by both national organizations. "Facility" is the more generic term and refers to both centers and workshops. We would like to suggest that the clarification of this terminology would be most helpful.

I am curious, however, and I am sure it was a clerical error, but in line 17, on page 13, of H.R. 15827, the redundancy is repeated. It there refers to facilities and workshops. I am sure if it is the intent to remove this semantic barrier, it would also be eliminated on that line.

One other point should be made on this same section. Among the services required to be considered a rehabilitation facility is item 9, which says, "vocational training (in combination with other services)." It was probably the intent here to exclude single-service vocational schools from these provisions. I think such a purpose would be better achieved by the following wording——

Mr. **Daniels.** What page are you referring to, sir?

Mr. **Roberts.** I refer to page 7, line 21—"among the services which would identify a facility are the following" and it says on this line, one of them is "vocational training in combination with other services."

I am suggesting that instead of the word "other," we say "in combination with other rehabilitation services." It might be possible under the present wording for a straight vocational school to add a cafeteria, and say it was a rehabilitation center. I don't believe this was the intent. I believe the intent was to indicate that rehabilitation in some form must be provided.

Of major interest to us is the amendment which would make available up to 10 percent of each State's allotment for rehabilitation facility construction. These funds are urgently needed for the construction of facilities of all types. Even the limited allocation of construction funds under section 12 of the present act have not been covered by adequate appropriations, I believe for the current year, only $3 million. The use of funds based upon State allotments would make available $50 million for construction this year and $75 million by 1970.

I would like to add here a comment with reference to remarks made yesterday about the partnership of the Government and the private sector with regard to rehabilitation. I think it is quite predictable that this kind of Federal money might well be matched, as per the Laird amendment, by private sources, and I think we can regard this as a healthy combination, a healthy partnership of services between the Federal Government and the community.

We do see one weakness in H.R. 15827 on this point, however. There is no provision that a State's unused 10 percent could be utilized by another State within the region or elsewhere. As presently worded, the State could use the money or it might not. But there is no provision for regional utilization. It is our feeling that in some States with low allotments and/or low population (for example, Nevada, Wyoming, Montana) it may be more desirable to pool resources in order to build a comprehensive facility and have it serve a regional population. The amendments, we feel, should allow for this possibility.

We think it is wise that this section of amendments for facility construction would require the same standards for equipment, safety, and wage rates as is now applicable to section 12 of the act. This will allow the Rehabilitation Services Administration to operate with one set of standards for all construction.

Construction funds under section 12 are to be significantly increased as per H.R. 15827. This is highly desirable and it is likely that these funds will be used, if appropriated, even though the Hill-Burton matching formula here is not as advantageous as that being recommended for section 2. Incidentally, we note that the H.R. 16134 suggests the Hill-Burton formula be used for matching funds under section 2. We prefer to support H.R. 15827 in this respect.

The proposed H.R. 15827 amendments to section 13 of the act contain two provisions of interest to rehabilitation centers. It is proposed that rehabilitation facilities may receive grants for improvement and technical assistance. Under the present act only workshops qualify for technical assistance and, therefore, we strongly support the amendment.

Also proposed is a broader responsibility and a name change for the present National Policy and Performance Council. The amendment would designate a National Rehabilitation Facilities Council and give it advisory responsibility to the Secretary on most matters relating to facilities. This is a most logical and appropriate development, since the existing purposes of the Council have largely been successfully concluded, and there is need for considerable study and advisory functions on rehabilitation facilities.

I would like to stress the importance we place on the amendments of H.R. 15827 on that section referred to as vocational evaluation and work adjustment. We see this as perhaps the most critical area of need for expanded services. The soundness of a rehabilitation plan is directly related to the adequacy of the initial evaluation and assessment of the individual's strength and weaknesses.

Rehabilitation facilities have developed a viable service in this area over the past several years. A new professional has emerged, the vocational evaluator, and he is making a vital contribution to rehabilitation. We now have the means by which a more valid "rehabilitation diagnosis" can be made. Most facilities have this capability as well as an ideal climate in which to provide work adjustment training.

The handicapped frequently have lost, or have never had the opportunity to develop acceptable job habits and attitudes. The amendments will make possible many more individuals benefiting from these essential services of evaluation and work adjustment.

Now with respect to H.R. 16134, I would like to indicate I have had far greater opportunity to review the Daniels bill then this one. We feel that all features of H.R. 16134 are sound and desirable, but that the modest requests for increased appropriations do not approach the potential for needed program expansion such as proposed in the Daniels bill.

H.R. 16134 proposed project grants for services to disabled youth has exceptional merit, and perhaps there can be a combination of the two bills here. We have recognized that the earlier an evaluation can be done and a rehabilitation plan developed, the more likley the individual will achieve maximum independence.

The State agency has demonstrated the validity of its "total service" approach to adolescents and adults. The amendment is essentially a good one and is essential if good planning is to be extended to disabled youth. The philosophy behind this amendment is fundamental to sound rehabilitation.

We also agree with the amendment proposing to conduct a basic self-evaluation of programs authorized by the act. This is good administration. We wonder if an amount as high as 1 percent of section 1 appropriations is necessary. Our concern is over the specific amount of money that might be involved.

As we understand the bill, 1 percent would amount to a minimum of 1 percent of $500 million or $5 million the first year and upward to $8 or $9 million in subsequent years. We would question the amount only if it meant that less money might be available for other aspects of the act.

Now, this question did come up at the hearings last week. I believe Congressman Steiger raised the point and there was some discussion as to whether we were talking about $1 million or 1 percent, and so on. As I understand it, it is 1 percent in the basic allotment in section 1, and this would mean $5 million. If all moneys are not available, we would wonder about that much for evaluation and less for construction. For example, this year, the administration bill recommends only $3 million for construction under section 13.

So, comparing $5 million for evaluation and $3 million for construction of facilities across the country, it seems to us there is a slight imbalance.

I would like to comment on a section of H.R. 16134 not in the printed bill. I am aware that an additional amendment is being suggested so that the trust territories may be authorized to receive rehabilitation services. We would certainly support any such additional amendment.

Mr. **Daniels**. I might say Congresswoman Mink proposes to offer that amendment in committee.

Mr. **Roberts**. We would strongly support this.

We are in full support of the House Joint Resolution 811 and feel it is basic and essential to orderly progress in the excellent work of the President's Committee on Employment of the Handicapped.

One final comment on H.R. 16134. Before we repeal section 15 of the act having to do with the Commission on Architectural Barriers, I would want to be certain that its objectives have been met. I raise this point because on my last trip through Pennsylvania, I observed a U.S. post office in final stages of construction with seven concrete steps leading to the entrance and no evidence of a ramp or alternate entrance for those in wheelchairs or with braces and crutches.

Again, I thank the subcommittee for this opportunity to appear on behalf of the Association of Rehabilitation Centers.

Mr. **Daniels**. Thank you, Mr. Roberts, for your very fine testimony.

Just a question or two. What kind of rehabilitation facilities do you think we need the most?

Mr. **Roberts**. Without question, if the Daniels bill passes with an inclusion of the section on vocational evaluation, we will need an increasing emphasis on those centers which can provide this kind of service. This is the area of most recent growth, this is the trend, for the additional centers which can provide the vocational evaluation and training services.

We see this as the area of primary need. There is a trend in the other direction already underway for strengthening of medical rehabilitation services in that hospitals are more and more adding departments of physical medicine and rehabilitation.

Our feeling is that the days of the private community center which exclusively deals with the physically handicapped, the days of this emphasis are limited. We see the strengthening of medical rehabilitation in the hospital setting as a trend, and we see the need as far as facilities are concerned to be more in the direction of total evaluation dealing with vocational and psychosocial problems.

Mr. Daniels. Can you tell us just how workshops use their workshop improvement grants and do you favor extending this program to other kinds of rehabilitation facilities?

Mr. Roberts. I have only indirect information as to how workshops have used this section of the law because workshops have their own national organization.

However, it is my understanding that this has been a most valuable service and a most economically provided one. This is a service in which consultants with specific background, experience, are available to the facility to upgrade this existing program.

This same kind of service, if available to rehabilitation centers, would be equally valid and useful. We could then send out to a new center, or a struggling center, consultants, experienced center directors, other people with specific expertise and they could make available their services to this center.

We would like to see this, and we see this as an inexpensive means of upgrading professional services.

Mr. Daniels. Do you think any benefits would come from permitting State vocational rehabilitation agencies to pool their funds with other agencies on special projects to serve handicapped individuals?

Mr. Roberts. I think it makes good sense. This would be one more way of eliminating any possibility of the struggle for whose client it is. We see it as a healthy development.

The State rehabilitation agency is in a much more logical position to have direct communication and deal with those other agencies whose clients it may also be serving. We feel strongly that the provisions in the bills would allow the Vocational Rehabilitation Agency to play a vital role here, because they have, without question, been the leading agency demonstrating ability and expertise in dealing with the problems of not just the physically disabled, but the disadvantaged in every respect. This amendment would promote greater communication and cooperation to the benefit of the handicapped and allow them to have open dialog and communication with any agency at the community level dealing with this population.

Mr. Daniels. We are honored to have the chairman of the full committee present. I ask Chairman Perkins if he desires to ask any questions.

Mr. Perkins. Mr. Chairman, I only wish to compliment this gentleman for an outstanding statement. Under the chairmanship of Mr. Daniels we will try to write the best legislation possible.

Mr. Daniels. Thank you, Mr. Perkins.

(Mr. Roberts' prepared testimony follows:)

PREPARED TESTIMONY OF CHARLES L. ROBERTS, EXECUTIVE DIRECTOR, ASSOCIATION OF REHABILITATION CENTERS, INC.

Mr. Chairman and Members of the Subcommittee, my name is Charles Roberts, and I am Executive Director of the Association of Rehabilitation Centers. On behalf of the Association, I express appreciation for the opportunity of appearing before you today and commenting upon the proposed legislation.

The Association of Rehabilitation Centers is the leadership and service organization for Rehabilitation Centers in the United States. Starting from an informal organization of 25 Centers in 1952, the Association incorporated in 1954 and opened a National Headquarters in 1958. Primarily an institutional membership organization, we have 230 members Centers located in 42 states and Puerto Rico. We also have 9 Canadian members.

There is special significance in hearing testimony from the Association since the bulk of services provided handicapped citizens under both present and proposed legislation will be purchased from, and will take place in, rehabilitation facilities.

A few words about rehabilitation centers will clarify the setting in which these services will be provided. There is no prototype rehabilitation center, but several types designed to meet unique community and statewide needs. Our definition of a rehabilitation center is ". . . a facility to assist in the rehabilitation of the handicapped by furnishing *comprehensive* evaluation and treatment services under professional direction . . .". We further identify comprehensive as meaning at least two of the following three professional service areas: (1) Medical; (2) Psychosocial; (3) Vocational.

Our definition requires a much broader base of service than does the description of a facility in either H.R. 15827 or the present Rehabilitation Act.

Rehabilitation centers have traditionally served the physically disabled; however, in recent years there has been increased emphasis on serving those with mental, emotional and social disabilities.

The majority (90%) of rehabilitation centers are private, community, voluntary agencies. All of our membership are non-profit or public.

I will comment first of all on H.R. 15827. We are basically in strong support of this Bill and urge its passing. There are several particular aspects of the Bill, however, which we feel require clarification and/or amendment.

We strongly support the proposals to extend and enlarge upon the present authorization of appropriations. Facilities and State Agencies have long waiting lists of citizens who need and can benefit from rehabilitation services. In today's emphasis on returning the non-productive to work, these services are being provided at one of the lowest costs per client of any public program, and with a high rate of success. Let me cite the experience of a large State operated rehabilitation center (600 beds) serving a complex population requiring medical psychosocial and vocational rehabilitation services. These clients are considered as requiring the highest expenditure of funds by the State Agency. Yet 75% of these individuals are being returned to active employment at an average cost of less than $1800.

The proposal to broaden the State Plan Requirements so that the State Agency may be able to share funding and administrative responsibility is sound. This will enable the State Agency to develop joint cooperative programs with those other agencies dealing with the disabled and their families. This is especially appropriate now with greater emphasis on community centers which work with the entire family and on the total urban problem.

The recommended provision of maintenance during rehabilitation to include a family allowance is long overdue. It is not uncommon to find a handicapped man with a wife and children, struggling in marginal employment—turn down an opportunity for vocational rehabilitation and training in a skilled occupation because he "cannot afford to be in school". A family allowance will make vocational rehabilitation more realistically available to more individuals by providing a basic family income while the handicapped person undergoes rehabilitation services and job training.

Rehabilitation centers tend to serve the more severely disabled. With this in mind we see great advantage in the amendment to allow provision of facilities and services which promise to contribute substantially to the rehabilitation of a *group of individuals*. At present, services must relate directly to the rehabilitation plan of a single handicapped individual. The severely disabled, such as those wheelchair-bound with profound paralysis of all extremities, face unique and often overwhelming barriers to employment. I recall a group of quadriplegics, paralyzed extensively from the neck down, with high levels of motivation and intelligence. All required certain daily nursing care, yet all were capable of selective employment for limited periods of time during the day. We envisioned a multiple dispatch service handling phone calls with special equipment for several city departments, as well as taxi and delivery companies. Each individual could work four hours at a stretch but had to live at or in the place where he worked. No one of them could afford to pay a nurse-aide or orderly, but together they could. What was needed was a specially designed dormitory with work space built in. The potential employers were located and were interested. However, funds were not available for construction or acqusition of such a building. The proposed amendments would make this kind of plan possible.

We are concerned over the wording of the proposed new definition of a rehabilitation facility only insofar as it does not state clearly that it refers to *public* and *other non-profit facilities*. This is surely the intent of the amendments, but as now described, a large number of proprietary facilities might be considered eligible for public funds.

We are, on the other hand, pleased to see this amendment remove a semantic barrier and redundancy. Much unnecessary confusion has arisen from the present legislation in its reference to "rehabilitation facilities and workshops". A Workshop *is* a rehabilitation facility, just as a Rehabilitation Center is. "Facility" is the more generic term and refers to both centers and workshops. Clarifying this terminology will be most helpful. I am curious, however, as to the repetition of this redundancy on line 17, page 13 of H.R. 15827.

One other point should be made on this same section. Among the services required to be considered a rehabilitation facility is (9) "vocational training (in combination with other services)". It was probably the intent here to exclude single-service vocational schools from these provisions. Such a purpose would be better achieved by the following wording: "vocational training (in combination with other *rehabilitation* services)".

Of major interest is the amendment which would make available up to 10% of each State's allotment for rehabilitation facility construction. These funds are urgently needed for the construction of facilities of all types. Even the limited allocation of construction funds under Section 12 of the present Act have not been covered by adequate appropriations ($3 million—1968). The use of funds based upon State allotments would make available $50 million for construction this year and $75 million by 1971. We strongly support this level of funding.

We do see one weakness in H.R. 15827 on this point, however. There is no provision that a State's unused 10% could be utilized by another State within the Region or elsewhere. In some of those States with low allotments and/or low population (e.g. Nevada, Wyoming, Montana) it may be more desirable to pool resources in order to build a comprehensive facility and have it serve a Regional population. The amendments should allow for this possibility.

We think it is wise that this section of amendments for facility construction would require the same standards for equipment, safety, and wage rates as now applicable to Section 12 of the Act. This will allow the Rehabilitation Services Administration to operate with one set of standards for all construction.

Construction funds under Section 12 are to be significantly increased as per H.R. 15827. This is highly desirable and it is likely that these funds will be used, if appropriated, even though the Hill-Burton matching formula is not as advantageous as that recommended for Section 2.

Incidentally, we note that the H.R. 16134 suggests that the Hill-Burton formula be used for matching funds under Section 2. We prefer to support 15827 in this respect.

The proposed amendments to Section 13 of the Act contain two provisions of interest to Rehabilitation Centers. It is proposed that rehabilitation *facilities* may receive grants for improvement and for technical assistance. Under the present Act, only Workshops qualify for technical assistance and we strongly support the amendment.

Also proposed is a broader responsibility and a name change for the present National Policy and Performance Council. The amendment would designate a National Rehabilitation Facilities Council and give it advisory responsbility to the Secretary on most matters relating to Facilities. This is a most logical and appropriate development, since the existing purposes of the Council have largely been successfully concluded, and there is need for considerable study and advisory functions on rehabilitation facilities.

I wish to stress the importance we place on the amendments of H.R. 15827 on Vocational Evaluation and Work Adjustment. We see this as perhaps the most critical area of need for expanded services. The soundness of a rehabilitation plan is directly related to the adequacy of the initial evaluation and assessment of the individual's strength and weaknesses. Rehabilitation facilities have developed a viable service in this area over the past several years. A new professional has emerged—the Vocational Evaluator—and he is making a vital contribution to rehabilitation. We now have the means by which a more valid "rehabilitation diagnosis" can be made. Most facilities have this capability as well as an ideal climate in which to provide work adjustment training. The handicapped frequently have lost, or have never had the opportunity to develop acceptable job habits and attitudes. The amendments will make possible many more individuals benefiting from these essential services of evaluation and work adjustment.

With respect to H.R. 16134, we feel that all features are sound and desirable, but that the modest requests for increased appropriations do not approach the potential for needed program expansion such as proposed in H.R. 15827.

H.R. 16134 proposed project grants for services to disabled youth has exceptional merit. We have recognized that the earlier an evaluation can be done and a rehabilitation plan developed, the more likely the individual will achieve maximum independence. The State Agency has demonstrated the validity of its "total service" approach to adolescents and adults. The amendment is essential if good planning is to be extended to disabled youth. The philosophy behind this amendment is fundamental to sound rehabilitation.

We also agree with the amendment proposing to conduct a basic self-evaluation of programs authorized by the Act. This is good administration. We wonder if an amount as high as 1% of Section 1 appropriations is necessary, however.

Before we repeal Section 15 of the Act (Commission on Architectural Barriers). I would want to be certain that its objectives have been met. On my last trip through Pennsylvania, I observed a United States Post Office in final stages of construction with seven concrete steps leading to the entrance and no evidence of a ramp or alternate entrance for those in wheelchairs or with braces and crutches.

Again, I thank the Subcommittee for this opportunity to appear on behalf of the Association of Rehabilitation Centers.

Mr. DANIELS. Our next witness is Mr. Harold Russell, Chairman of the President's Committee on the Employment of the Handicapped, of course, accompanied by Mr. William P. McCahill, Executive Director.

STATEMENT OF HAROLD RUSSELL, CHAIRMAN, THE PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED; ACCOMPANIED BY WILLIAM P. McCAHILL, EXECUTIVE SECRETARY, AND MR. POSNER, DEPUTY SECRETARY

Mr. RUSSELL. Thank you very much, Mr. Chairman and members of the subcommittee. I am delighted to have the privilege of being here this morning. I have with me Mr. William McCahill, our executive secretary, and Mr. Posner, our deputy secretary.

I deeply appreciate this opportunity to speak this morning, Mr. Chairman, in behalf of House Joint Resolution 811, which would eliminate the ceiling on appropriations of the President's Committee on Employment of the Handicapped.

Your courtesy in including our legislation in the current hearings of the Vocational Rehabilitation Amendments of 1968 dramatically, I think, points up our partnership with rehabilitation and manpower programs in this country.

Our work is to supplement and to complement the work of the operational agencies which have State affiliates and which operate so well for the handicapped in the State-Federal partnership. It is most appropriate that our request for removal of our ceiling should coincide with your dramatic plans to increase services, improve programs, and add people and funds to the national vocational rehabilitation program.

It would be unthinkable for manpower and rehabilitation programs designed to aid the disadvantaged to move dramatically forward without the President's Committee being given its necessary opportunity to help create and maintain the climate of public opinion which will make the other programs able to fulfill their mission. For, if employers and the general public, including fellow employees, aren't convinced of the employability of the handicapped, much of this new thrust will be in vain.

Our current ceiling prevents our appropriations from exceeding $500,000 a year. It was raised to its present level in 1965, from an earlier level of $400,000. That $400,000 figure, in turn, was raised from a $300,000 ceiling in 1964. The $300,000 ceiling was raised from $225,000 in 1960. I could go on and on and give you more history of how the ceiling went up in the past, but I shall spare the details.

My point is this. Certainly Congress has been most cooperative in raising the ceiling on appropriations, whenever the President's Committee could show a compelling reason for such an increase. But because of the very nature of the legislative process, the ceilings were raised long after the need became pressing. In a sense, we have been operating on a "cart-before-the-horse" basis for a number of years.

Because of the ceiling, it has been extremely difficult for the President's Committee to plan ahead in an orderly fashion, in accordance with sound management techniques. Our present level of $500,000 has been in existence since 1965. How much planning ahead can we do, then, to meet future needs, when the ceiling prevents us from even considering any kind of orderly expansion?

Certainly, within the limitations of the ceiling we plan; we attempt to meet the needs of the Nation; we shift emphasis in accord with current circumstances. But remember, in shifting emphasis under a rigid ceiling, whenever one element is given greater stress, another must be given lesser stress. This really isn't easy. Nor is it entirely fair.

Dramatic changes are occurring in the treatment and rehabilitation of the handicapped. People are being restored to the threshold of productive life in greater numbers than ever before. But I don't think it is enough to bring them to the threshold. They must find acceptance. They must have opportunities for jobs. The promotion of acceptance, the promotion of employment opportunities are the rightful functions of the President's Committee. We must be able to keep pace.

Let me for a minute quote the remarks of Joseph Hunt, Commissioner of the Rehabilitation Service Administration, in writing for the magazine Personnel Administration: "After 47 years of experience and the rehabilitation of nearly 2 million disabled people into useful work, the Federal-State program of vocational rehabilitation is completely convinced that attitudes are a far more powerful factor in the restoration and employment of the disabled than any disability. In terms of doing a job well, a person's disability is far less of a handicapped than what his supervisors and coworkers think about his disability."

Mr. Hunt then went on to stress that this problem must be solved, "if the present sharp increase in the resources of the public rehabilitation programs is to result in proportionate increases in the numbers of disabled persons employed."

I think what Mr. Hunt could have added is the fact that much of the rehabilitation of the future will involve the more seriously handicapped among us, particularly those with stigmatized handicaps:

epilepsy, mental illness, cerebral palsy, muscular dystrophy, multiple sclerosis, mental retardation, and many other instances of disability.

Proper public attitudes are the key to their rehabilitation; of that there is no doubt. The forging of proper attitudes is the primary function of the President's Committee.

Mental health experts tell us that seven out of 10 patients admitted to mental hospitals can recover with proper treatment * * * provided they find acceptance when they return home. Yet they do not all find acceptance, and so mental illness costs American citizens $20 billion each year. How much money could have been saved had all mental patients who are able to work could find work?

Mental retardation authorities estimate that the unemployment rate of the retarded is three times higher than it should be—and that many retarded men and women could be prepared for jobs if they were properly motivated, if training facilities existed in their communities, and if employers would accept them once they were ready for work.

The National Commission on Architectural Barriers is preparing a final report for the President of the United States, recommending further steps to be taken to eliminate barriers standing in the way of the handicapped. Among the recommendations, I have been told, is one calling for a vastly stepped-up promotional effort by the President's Committee to make all America aware of the problem and its possible solution.

I have just given you a sampling of the many areas of activity urgently in need of intensified effort by the President's Committee and there are many, many more.

The President's Committee wants to remain responsive to national need, and to meet that need as best it can. Much is at stake: human happiness, human productivity, human dignity.

The elimination of the ceiling on our appropriation is a vital first step in the right direction. I mean total elimination, and not just another ceiling increase that will serve as a stopgap but will not solve our basic problem of long-range planning to meet long-range national needs.

Mr. Chairman, I pledge to you that even though the ceiling be eliminated, we shall be most prudent in our budget requests. We shall be frugal in our expenditures. In other words, we shall operate a tight ship, and an efficient one.

The need is very urgent, Mr. Chairman, and I hope the Congress sees fit to pass this legislation which would eliminate the artificial ceiling and allow us to plan properly and to meet the needs of the handicapped as we must.

Thank you, sir, very much.

Mr. DANIELS. Thank you, Mr. Russell, for a very fine statement. We have had several witneses testify in the past few days with regard to House Joint Resolution 811, and all have expressed strong support of your views as expressed here this morning.

I feel also there is a strong sentiment in the committee for the removal of this ceiling for this limitation on the amounts to be authorized. I note that you have prepared a packet of the work being done by this fine commission. I wholeheartedly agree with you that there is a great deal of work still to be done in this area. Much more can be done than already has been done, so this packet will be filed with the record of the hearings here this morning.

Mr. RUSSELL. Thank you very much, Mr. Chairman.

I might say that I or members of our staff will be ready to meet at any time with any of the members of the committee if there be any further questions either now or any later date that they can answer.

Mr. DANIELS. I see no problem arising at any time, but should there be, I would be happy to get in touch with you.

Mr. RUSSELL. Thank you very much, sir.

Mr. MCCAHILL. We would like each of the members to have one of those kits, sir, for their own offices. Thank you, sir.

Mr. DANIELS. We will see that they are distributed.

Mr. RUSSELL. Thank you, Mr. Chairman.

Mr. DANIELS. Our next witness is Mr. Adrian Levy, chairman of the Public Policy Committee of the Council of State Administrators. Would you step forward, Mr. Levy.

STATEMENT OF ADRIAN LEVY, CHAIRMAN, PUBLIC POLICY COMMITTEE, COUNCIL OF STATE ADMINISTRATORS OF VOCATIONAL REHABILITATION

Mr. LEVY. Thank you, Mr. Chairman.

Mr. Chairman and members of the committee, it is a privilege to present the views of the Council of State Administrators of Vocational Rehabilitation on the proposed 1968 amendments to the Vocational Rehabilitation Act. On behalf of the council, I extend our appreciation for this courtesy.

This council is composed of the administrators of all of the State agencies which operate the direct service programs under the Vocational Rehabilitation Act as a part of the Federal-State partnership. Mr. Chairman, because of the vagaries of the mail, when this statement was prepared we had copies only of H.R. 15827 and we still do not have copies of the other bills, because the mails have not come through.

However, late last night I did have a chance to review quickly H.R. 16134 and House Joint Resolution 811. With your permission I would intersperse some comments about the others with my presentation.

Mr. DANIELS. That is perfectly all right, Mr. Levy.

Mr. LEVY. Thank you.

Although our agencies have been able to make appreciable progress as the result of the broadened scope and resources provided in the current act, we in the State agencies are strongly aware of the gap between achievement thus far and what remains to be accomplished for handicapped persons. We believe H.R. 15827 provides necessary additional resources for reaching the goals set forth by Congress and shared by all of us. The sections on authorization of appropriations we believe are very important.

The current act mandates for the States the availability of vocational rehabilitation services for all who may require them, by no later than 1975. It also provides for the preparation of statewide plans for accomplishing this objective. The planning activity is in full progress in the States and some plans are already near completion. The existence of a plan, however, will not insure the availability of program services. The implementation of our plans will constitute a measure of our success in achieving the mandated goal.

Implementation will require increasing and orderly development of new and expanded activities over a period of time. Manpower requirements may necessitate new patterns of employee training and utilization; new organizational patterns may be needed to manage the increased size and scope of programs. Many additional service facilities will be required to serve the increased numbers of clients on our rolls; and the increasing complexity of interagency cooperation as additional service programs are created make better communication systems and program coordination essential.

New service techniques and mechanizations of procedures seen inevitable at this time. Orderly implementation of plans will take time and progress will be made on a step-by-step basis.

Adequate resources need to be made available for this process while continuing to serve our handicapped clients. State service agencies require some reasonable assurance of the potential availability and of the adequacy of financial resources with which they may be able to implement their plans for the future, because without such information, the plans become unrealistic and provide little hope for meeting goals successfully. I note that in H.R. 16134 authorizations are requested merely for the coming fiscal year. It is important to the State agencies if they are to plan ahead with State administrations for the growth, expansion, and improvement of the program, that there be some indication of the intent and the interest of the Congress in the growth of this program.

Now, by providing an authorization for appropriations for the reasonable future, 3 or 4 years ahead, we will be strengthened in the States in our effort to obtain the adequate State funds to match the Federal appropriations.

Mr. DANIELS. On that point, Mr. Levy, I understand your point of view and that is exactly what I had in mind in my bill, H.R. 15827. However, Government witnesses appeared here the other day and while they indicated their approval of the provision therefore in H.R. 15827, however, they mentioned that due to the fiscal situation in which our country finds itself in this year, that, logically and acting responsibly, they could not recommend authorizations for more than 1 year ahead.

Mr. LEVY. Well, we recognize the problem, Mr. Chairman, but may I point out that the authorization will strengthen the intent and provide opportunity for growth as funds became available. Even now the appropriations are the result of what Congress sees as the immediate needs, and it is not necessary that the appropriation will be the same as the authorization. But we still feel it is important to provide some basis for measuring the future, for seeing the intent of Congress, and for planning on our own part for the increasing appropriations which will be necessary, even though they may be delayed by emergencies such as we are facing today.

With regard to the section on State plan requirements in H.R. 15827, the council supports this section in its entirety, but I should like to comment particularly on section 4(c) of the bill.

First, we feel the provision for continuing statewide studies is a very necessary requirement. It would be unreal to ignore the rapidity and depth of social changes occurring in our time. What is planned now for next year may very well turn out to be inadequate by that time. While we require flexibility in our approaches if we are to meet future needs, we also require factual data upon which to base these changes in our approach. The "one-shot" development of a plan will be of little value and constant review and current plan revision is a necessity. This bill provides the authority to require such review and revision as may be needed.

Secondly, this section permits use of section 2 funds for construction of rehabilitation facilities. While I will return to this subject later in this presentation, it is important to note here that section 4(c) of the bill both authorizes the reasonable availability of section 2 funds for construction and establishes a reasonable safeguard that section 2 funds for the regular client service programs will not be dissipated unnecessarily by their use for construction purposes. It seems clear, also, that the use of these funds for construction is not mandated, but is permissive and this is as it should be, we believe.

State agencies do not want to jeopardize the progress of their regular service programs. We believe this added authority for use of section 2 funds represents an additional resource for strengthening our regular programs. I would like to comment here on the fact, if I may, that H.R. 16134 offers another safeguard in that it requires a maintenance of effort on the part of the States with respect to use of section 2 funds prior to the use of such funds for construction purposes. I think this is a very reasonable safeguard and this would be acceptable to the States' council.

With respect to the several revisions of definitions within H.R. 15827, they seem to us to reflect current knowledge about rehabilitation services and we feel sure they would strengthen our programs, but I will limit my comments at this point to a few major items.

Section 5(a) is a revision of subitems 11(a)(5) and 11(a)(10) of the Vocational Rehabilitation Act. The inclusion of authority for maintenance allowances and services for families of handicapped persons will enable the serving of individuals who are unable or unwilling to engage in a rehabilitation program because of special family problems. A reasonable allowance for family members may give assurance to the handicaped person that he can meet the immediate needs of his family and this may deter him from rejecting or discontinuing rehabilitation services to seek income from employment which may be unsuitable or well below his potential level of performance. Thus, additional incentive for improvement of his status would be provided.

Similarly, provision of services for selected family members may contribute to the rehabilitation of a handicapped individual. Severely handicapped persons who may be able to work only in a home setting, or who may be capable of operating a small business frequently require some additional regular asistance to be successful in these types of employment. Such assistance, if it can be made available, may involve prohibitive costs which jeopardize their success. By providing services to a family member who can be prepared to give the necessary assistance to the handicapped person, it will be more likely we can help the disabled individual become rehabilitated.

Section 5(a) of H.R. 15827 is a revision of subitem 11(a)(8). The Council of State Administrators believes this subitem can make a significant contribution to the effectiveness of the vocational rehabilitation program. This subsection provides, as part of the regular service program, for new construction of facilities and the provision of facilities or services of benefit to groups of individuals.

When authority for new construction of needed facilities was incorporated into section 12 of the current Vocational Rehabilitation Act, the State agencies had high hopes it would provide all of the assistance needed for this purpose. While part of our disappointment in the level of subsequent achievement can be attributed to the inadequate level of funds made available for section 12 grants, we still believe an additional resource is required if we are to obtain rehabilitation facilities in the quantity and locations needed for serving increased numbers of clients.

Grants made to applicant agencies under section 12 require a relatively high proportion of matching funds to be committed by those agencies. Many community agencies or groups who are interested in developing new rehabilitation facilities do not have the financial resources and reserves to provide their share of the construction funds and to assure the success of facility operation for the first couple of years.

Even large, long-established organizations seem to be having difficulty in raising sufficient funds for construction purposes these days. Newer and smaller agencies require long periods of time to raise capital construction funds from their communities. This creates delays in acquiring needed facilities—delays which we can ill afford if we are to meet the mandate to serve all who need rehabilitation services. I would like to comment here again on H.R. 16134.

H.R. 16134 suggests that the Hill-Burton formula, which is the basis for section 12 grants, be applied to the funds being used for construction purposes under section 2 of the act.

We feel this would make it very difficult to expand the necessary facility construction. One of the problems, as I have pointed out already, is that in the field of rehabilitation we need services and facilities in areas where there are not now such facilities available.

Many of these areas are not the very large cities. These are the smaller cities, where you don't have the degree of financial support which is necessary to develop these facilities.

We feel that it is very desirable that we have the benefit of the section 2 approach to assist these agencies in developing new community facilities.

Mr. Daniels. What formula would you substitute in lieu of the Hill-Burton?

Mr. Levy. Well, at the present time, Mr. Chairman, the formula of the section 2 funds is 3 to 1, Federal-State. This, of course, would give us a tremendous assist in developing facilities. We would like very much to see this exist for facilities.

I might say that one of the things that would help, and which I do not see in either of the current bills, would be an opportunity for some of the voluntary agency funds to be contributed toward building facilities. This could be a helpful approach, but I believe that the current section 2 formula is the one that will provide for the greatest success and expansion of facilities.

Another part of the revisions dealing with the use of funds to provide services for groups of clients. I think we are aware that presently case service expenditures under section 2 of the act must be shown to be made as part of the rehabilitation plan for a specific client.

Frequently there are occasions when you need to provide some assistance which will be of service to many handicapped clients simultaneously. And it is not always possible to do this.

So we support this change which permits use of section 2 funds for providing a service or facility for groups of clients.

Section 5(a)—revision of section 11(c) of the Vocational Rehabilitation Act. This proposed definition of the term "rehabilitation facility" removes the current artificial distinction between a "workshop" and a "rehabilitation facility," I believe Mr. Roberts commented on this fact.

There is general recognition that a "workshop" is a "rehabilitation facility" and that all types of rehabilitation facilities should be entitled to equal consideration for grants and other necessary assistance. Also, by adopting this revision, we should reduce the administrative difficulties inherent in applying separate requirements for different facilities whose goals and purposes are identical and whose services are very similar.

Section 5(e)—the revision of section 11(f). This not only strengthens the concepts which include new construction as a function of section 2 of the law and removes the artificial distinction between a "workshop" and a "rehabilitation facility," but should remove another existing inequity.

The purpose of grants for "establishment" of facilities is to provide additional and improved resources for rehabilitation services. Services are provided by staff, however, and not by the physical facility. If assistance is required to enable a facility to obtain and utilize additional staff members, whether that staff is to provide service in a newly constructed or an expanded or remodeled existing building should be irrelevant and equal consideration should be given to program needs. This section provides identical periods for support of initial staffing for rehabilitation facilities established under section 2 and those constructed under section 12. The Council of State Administrators strongly favors this action because of its equity of treatment for all rehabilitation facilities.

Section 5(f) of the proposed bill increases the Federal share to 80 percent. How successful the State vocational rehabilitation agencies may be in developing programs to the mandated level of service depends in large measure on the financial support provided. This support comes from Federal and State funds at a ratio determined to be reasonable and necessary by the Congress. The heightened public demands for more services from the States is making it more and more difficult to provide the increasing State funds required. In order to insure a more uniform effort and capability for meeting rehabilitation goals across the Nation, the council supports the 5-percent increase in the Federal share. Such an assurance of available support would go far in enabling the State agencies to plan and implement services for increased numbers of handicapped persons.

The next section of H.R. 15827, the next two—sections 6 and 7—provide the technical changes to conform with suggestions already made and they also provide authorizations for appropriations for grants under sections 12 and 13 of the Vocational Rehabilitation Act.

The council supports these provisions and believes the proposed appropriation authorizations are very necessary for an effective program of rehabilitation facilities development. The lack of sufficient funds currently available, especially for section 12 grants, has been a serious "bottleneck" to us in establishing new facilities for serving clients.

The final section of H.R. 15827 constitutes in the council's opinion, a most significant contribution for the improvement and availability of services for disadvantaged persons, regardless of the source of deprivation which has resulted in their current problems. We welcome this opportunity to use our competency in vocational evaluation and work adjustment for the benefit of all disadvantaged persons who may be helped by our services. In cooperation with voluntary workshops and rehabilitation centers, the vocational rehabilitation agencies have developed, improved, and expanded these services to their current level of usefulness. Our experience has proved, we believe, the worth of such services for the individual.

Three years ago during the hearings on the 1965 amendments to the Vocational Rehabilitation Act, a member of the committee, Mr. Quie. the distinguished Representative from Minnesota, commented that although the antipoverty programs were not under the jurisdiction of the Vocational Rehabilitation Act, they were in fact vocational rehabilitation programs in their intent. The Council of State Administrators agrees with that concept and believes the vocational rehabilitation agencies can make an important contribution to the war on poverty if they are given authority and support such as is contained in section 8 of H.R. 15827.

State vocational rehabilitation agencies are now cooperating with such antipoverty agencies as those administering the concentrated employment, "model cities," neighborhood service center and other programs for the disadvantaged. These efforts have been limited by our present level of authority, but we could be even more effective, we are sure, if we could provide our experience and competency in vocational evaluation and adjustment services in an organized program with adequate support.

If this support and authority is given, we can envisage the development by State vocational rehabilitation agencies of evaluation and work adjustment centers on sites readily available to those individuals who may be served. The vocational rehabilitation agency would be responsible for the administration and operation of the centers and could, when deemed desirable, contract with competent voluntary agencies to provide the services in accordance with established standards.

It would be possible to operate such a center within the context of an existing neighborhood service center program. It would be possible, also, to establish such a center initially and, as other programs develop later, to have this center become the focus for a comprehensive program such as a neighborhood service center may provide. We do not envisage a rigid service pattern for all centers and would encourage adaptations to meet community needs. Thus, while all center programs may contain selected minimal elements of evaluation and adjustment services, it may be found appropriate in some areas to develop one fully comprehensive center and one or more satellite centers with specialized services.

Servicing the "deprived" population will not be a new experience for the vocational rehabilitation agencies. A large proportion of our clients who are disadvantaged because of disability also would qualify for other antipoverty programs because of social, cultural, educational, and economic deprivation. If we are given the opportunity to develop these service programs on a broader scale than we are now able to do, we would be serving both many of our regular clients and, by agreement with other agencies, the disadvantaged being assisted by other community programs. Such action would seem desirable, too, as a means for reducing unnecessary duplication of services among various programs.

In reviewing H.R. 16134 last night, Mr. Chairman, I noted there were a couple of sections in that bill which do not appear in H.R. 15827. One of these sections had to do with grants for services to disabled youths.

We believe this is a desirable program. I would have one suggestion, however, to add to the way the program would be developed.

These evaluation programs for disabled youths, especially those that are concerned with the students in schools, handicapped students, will undoubtedly require services from the community to assist in the necessary program. The State vocational rehabilitation agencies have been providing some of these services and have been working with the community agencies and school systems.

I do not note in this section of H.R. 16134 any reference to State agencies other than that a State agency may be an applicant for grants under this program.

It would seem to me that the same provision which now exists in section 4 of the Vocational Rehabilitation Act, and that is that the State agency would approve such projects and, therefore, would be involved in the early planning of such programs would be desirable for this section.

We are eager to cooperate. We have been working with these community resources for many, many years and we think we could coordinate and strengthen any program for services to disabled youths through such a provision.

I would like to comment also on the provision in H.R. 16134 for funds for evaluation of the vocational rehabilitation program. This provision would enable up to 1 percent of the total appropriations to be used for such purpose. I would like to make it clear that the Council of State Administrators supports the idea of built-in evaluation in any service program and does not object to this. However, there is the same question which I believe I heard Mr. Roberts raise this morning, and that is as to the size of the amount of funds being made available.

There is not enough information in that section to indicate its total use and as the appropriations may go up and even at their current size, we would like more information as to how that quantity of funds would be used since they are withdrawn from available funds for service. I do want to make it clear that the section I was just talking about had to do with H.R. 16134, which was evaluation of vocational rehabilitation programs.

Mr. DANIELS. It authorizes the Secretary to use 1 percent of sections 2, 3, and 4 appropriations for reevaluation of the rehabilitation program.

Mr. Roberts raised the question on which you just started to comment and I would like to know if you believe more money should be authorized for construction.

Mr. LEVY. Well, I certainly think so. I think that we need to have the facilities in order to provide the services and the fewer services we have, the less there is going to be a need for evaluation of those services.

I want to be quite sure I understand that you are making comparison between construction funds for facilities and the use of evaluation for evaluating the vocational rehabilitation program.

Mr. DANIELS. Right.

Mr. LEVY. There is no question in my mind that there is a much greater need for funds for construction.

I think the provision in 16134 which would provide funds for employer contracts to provide services for clients is a very desirable one. I think that this would help expand opportunities for the handicapped.

I wish to comment also on the fact that I was a little bit surprised at the lack of any reference in H.R. 16134 to some of the changes in the Randolph-Shepherd Act. As you know, our Council of State Administrators consists of the administrators of all State VR programs, including those serving the blind. We understand that there are problems having to do with the vending stand program and the council would support necessary revisions to strengthen the ability of the agencies for the blind to serve their clients.

I believe Mr. Whitten commented that there will be some future action and possibly some future hearings, so I will not comment further.

Finally, I would like to put forth the support of the Council of State Administrators for House Joint Resolution 811 on which Mr. Russell just made his testimony.

It seems to us if we are interested in expanding the facilities for the handicapped who are able to be rehabilitated, there should not be a limit on such an agency as the President's Committee to expand these opportunities for the handicapped.

Thank you, sir.

Mr. DANIELS. Thank you, Mr. Levy. I am very much impressed by your fine analysis of H.R. 15827. I regret you did not receive copies of H.R. 16134 in time to analyze its provisions, although you did comment on several of those provisions.

I might suggest this to you, however, that should you have any further comment to make with respect to the latter bill, H.R. 16134, that you can supplement your testimony here by filing an additional statement. The record will be kept open for at least a week for that purpose.

Mr. LEVY. Thank you, sir.

Mr. DANIELS. Has your council taken any position with regard to the idea of extending vocational rehabilitation services to disadvantaged persons in addition to the physically handicapped? Would they support such an idea?

Mr. **Levy**. We certainly support section 8 of H.R. 15827, which does just this, and I think it provides the basic services, evaluation and adjustment, which we see and have had experience with as very necessary to assure success for the person who really has marginal opportunities, the hard-core disadvantaged person.

We think that you do need to make a real evaluation of this individual's potential. You need to know what particular services may be necessary. You need to know what different programs may be available and required to help bring him up to the point where he can accept an opportunity.

I think there is a big difference between taking someone who has never learned to swim and someone who has been swimming and bringing him over and say . . . we are going to give you the opportunity to participate in this swimming race. This is not real opportunity. You first need to identify whether the person can be taught to swim and to help him to swim before you put him in the race.

I think that we have a great deal to offer to the disadvantaged through our evaluation and adjustment services to help prepare them to the point where they may be able to take full advantage of the other programs which are available.

Mr. **Daniels**. My colleague from New York, Mr. Scheuer, do you have any questions?

Mr. **Scheuer**. Well, I am very pleased to have heard the very interesting and stimulating testimony of a very fine and knowledgeable citizen of our State.

On the first page, Mr. Levy, I note right in the middle of the page you have a sentence that reads:

"Manpower requirements may necessitate new patterns of employee training and utilization." You don't elaborate on that anywhere in your testimony. Can you tell us exactly what you have in mind?

Mr. **Levy**. Well, I think certainly it is common knowledge that in most of our professional service organizations—frankly I don't limit this to vocational rehabilitation—we have insisted on fully qualified trained persons, the highest level, the full professional, for carrying out the program.

Now, while this is necessary in order to assure competence of service, there are many functions, we are sure, which are now being performed by such highly trained people, which might not necessarily require such training, and we are all exploring now, and there are some attempts in some State agencies, ways of involving other people, people with less full qualifications but specially prepared, to get involved in the program in order to be able to bring services to all of those who need them.

Now, this can take several forms, we don't have any set ideas. It might involve a career ladder approach, the idea of bringing people in at certain levels and providing the kind of experience and training that would bring them up to fully qualified professional level.

For others it might be using people who can only reach part of the way on this ladder, but who would still be performing a great service. And this is what I was referring to, Mr. Scheuer.

Mr. SCHEUER. I am delighted to hear you give this kind of testimony. I want the record to show that this testimony of yours is spontaneous and unrehearsed, and that you and I have never laid eyes on each other until this moment.

I have been working on a program called the New Careers program. It is now operative, and with the most enthusiastic and thoughtful and constructive cooperation and support of Congressman Steiger, who has shown great initiative and leadership in this area.

At the same time we have developed a program for the New Careers program which involves people from the poverty communities, in a training program of perhaps 4 to 6 months, with guaranteed employment in various aspects of public service as aides to the professionals to do exactly those things that you described which do not involve professional training and experience.

We have been thinking about putting in an amendment here that would provide a new career rehabilitation aid program both for those who are rehabilitated individuals themselves and for the disadvantaged; in other words, to use the rehabilitated themselves as a manpower pool, and for persons who want to get into the career of helping rehabilitate individuals, persons with less than professional training—perhaps the mother or the father in a deprived family of a mentally disturbed or emotionally disturbed or a mentally retarded child.

Is it your opinion or have you had any experience that would indicate that either a rehabilitated person or a person with less than a college education, perhaps even less than a high school education, with some degree of training, perhaps in the neighborhood of 6 months, could function under the close supervision of a professional in helping other rehabilitated persons?

Mr. LEVY. Well, Mr. Scheuer, in my particular experience in the State agency I would have to say that our observation of this has been mainly in voluntary agencies and in other agencies.

Mr. SCHEUER. Yes.

Mr. LEVY. I am sure you fully recognize one of the problems of incorporating these programs into current civil service standards and regulations and this is something we are working on to get changed.

Mr. SCHEUER. Are you?

Mr. LEVY. Yes; we have been discussing this on a State level as to how we can incorporate different levels of preparation.

I might also comment on the fact that we have had, and I am sure all State vocational rehabilitation agencies have had this experience, the experience of utilizing rehabilitated clients in our program primarily at the clerical level. Some of these persons have developed, through their own education and with our own in-service training program, to the point where they have been able to become rehabilitation interviewers, which is a form of aide in our program.

Mr. SCHEUER. That is exactly what I have in mind.

Mr. LEVY. And some of our rehabilitation interviewers have been encouraged and helped to reach that point of professional training and competency where they are now counselors. We have several rehabilitation counselors who, through our program, have been helped to become counselors and who are now in our services.

Mr. SCHEUER. Who are now rehabilitated?

Mr. LEVY. These are rehabilitated clients.

Mr. SCHEUER. This is exactly the kind of thing I have in mind.

Can you give us some indication of the experience that these private voluntary agencies have had in this area?

Mr. LEVY. We have observed that in some agencies they do use what would be the equivalent of an aide, and incidentally I would hope that anything you do put in does not specify a title because of the trouble this creates administratively. They do have some aides who assist their counselors in making appointments, following up on clients——

Mr. SCHEUER. Do they work with clients as part of the rehabilitation process?

Mr. LEVY. Well, they do. I suppose sometime a little above the level of master secretary; at the same time they provide tremendous assistance for the counselor and the agency in that they may contact an employer to get some information about whether or not the man did show up, for example. They may be able to follow up on whether or not the client was able to keep the appointments at rehabilitation facilities, other facilities.

In the case of the voluntary agencies, it would be this person, perhaps, who would call our State agency to make preparation of initiating plans of services for people.

Mr. SCHEUER. I understand that a rehabilitated person can do general clerical chores and follow up telephone work and so forth. Do they have any particular insight into the problems of the rehabilitated persons, disadvantaged persons, from this respect through their own experience that would enable them to function sympathetically under the supervision of a professional in the actual rehabilitation program?

Mr. LEVY. I am forced to say to you, Mr. Scheuer, that this depends on the individual. I think in general we can say they have a better understanding of the problems faced by another handicapped person in that there is a sensitivity and awareness to those problems.

Mr. SCHEUER. So you would think that some of them who have the latent ability and talent might well be developed into rehabilitation aides who could work under the close supervision of the professional in the actual rehabilitation process itself?

Mr. LEVY. I believe so.

Mr. SCHEUER. Would you think that this could be an important and significant source of rehabilitation manpower in the future if it were tapped intelligently?

Mr. LEVY. This is difficult for me to answer. I would have to say "Yes" in the general sense, but the manpower program being what it is, the shortage problem, I think it would contribute greatly, but I don't know if it would serve as the most important basis.

Mr. SCHEUER. I didn't ask whether it was the most important, but simply a significant source of manpower.

Mr. LEVY. Yes.

Mr. SCHEUER. Thank you very, very much.

Mr. DANIELS. Mr. Steiger?

Mr. STEIGER. I have no questions, Mr. Chairman. Mr. Levy's testimony was very enlightening and very good. I appreciate the fact that he was here today.

Mr. DANIELS. Thank you, sir.

Mr. STEIGER. Thank you, Mr. Levy. As I said before, if you wish to make any further comment on H.R. 16134, you may do so.

Mr. **Levy**. Thank you, sir.

Mr. **Daniels**. Our next witness is Mr. Adrian E. Towne, administrator of the Vocational Rehabilitation Division, Wisconsin Department of Health and Social Services.

Mr. **Steiger**. Mr. Chairman, may I say that once again we have the pleasure of having Mr. Towne appear before this committee. He was here last year at the time we studied vocational rehabilitation. I have reviewed his testimony and talked with him about H.R. 15827. As you know, he supports this bill and I am delighted to welcome him back to the committee. It is good to have you here.

STATEMENT OF ADRIAN E. TOWNE, ADMINISTRATOR, DIVISION OF VOCATIONAL REHABILITATION, WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Mr. **Towne**. Thank you very much, Mr. Chairman and committee members.

In addition to being the administrator of vocational rehabilitation in Wisconsin, I am currently the president of the Council of State Administrators of Vocational Rehabilitation and inasmuch as Mr. Levy, as chairman of our policy committee and Mr. Roberts and other witnesses, including Mr. Whitten, have dwelt primarily on the technical item analysis of the bill, I would like to read a very brief statement concerning the bill in general and then I would like to describe to you in the remaining time available to me, a project which has been in operation for 4 years in Wisconsin, which I think will prove to be of interest because in this project we have done many of the things that this bill proposes to do in the future, and I will be able to show you some of the results that we have obtained to date.

I assume that the committee members have the documents describing the Wood County project.

Mr. **Daniels**. Yes; we have those. We have your statement.

Mr. **Towne**. The broadened definition of vocational handicap calls in turn for an expanded definition of vocational rehabilitation services to guarantee effective carrying out of the new VR concept. Basic to this concept is the greater understanding that members of a free society are entitled to enjoy its fruits even though unable to contribute fully due to physical, mental, and/or social handicaps. Vocational rehabilitation seeks to make that entitlement a reality by enabling the Nation's handicapped to live the fullest possible life in spite of severe limitations.

The view of rehabilitation as the optimum adjustment to the handicap calls for services that were neglected within the narrow scope of earlier rehabilitation programs. Rehabilitation services must extend well beyond the traditional range which covers physical restoration, counseling, training, maintenance, tools, et cetera.

For instance, the new amendments propose followup services designed to help keep the rehabilitated person on the job. Until now, there has been no formal provision for followup services. VR books usually closed on the client within a reasonable time after job placement. Today, vocational rehabilitation deals with many high-risk clients in the mentally ill, the alcoholic, the public offender, and the socially handicapped.

Unlike the orthopedically handicapped who dominated VR rolls until the past few years, the new high-risk groups have histories of poor social and personal adaptation, marked by job failure. Whereas clients of past decades required little followups, today's high-risk group (numbering over half of the caseload in Wisconsin) needs it to guarantee that the investment of training funds will not be lost because of failure to adjust to the job and community.

A private rehabilitation center in Wisconsin deals exclusively with the mentally retarded. Trainee success after job placement has been remarkable, due in large part to the center's followup program which continues until the retarded individual is functioning well both on the job and in the community. Such followup services are costly, but they help preserve a large investment.

Our experience in working with the mentally ill has impressed us with the need for VR followup of this type of client. We see it as beneficial to both the employer and employee. Employers sometimes hire the former mental patient against their own better judgment, and they may feel uneasy about it for quite a while.

Followup services can ease this fear. The employer knows that vocational rehabilitation is sincerely concerned about the employee's welfare, that this job represents more to Vocational Rehabilitation than just another statistic for the annual report. The fact that VR is concerned about his progress can do much to relieve the former client's anxieties.

Maybe he does not understand some things about his work or just about working in general and needs to talk this over with someone. Maybe he has trouble with his financial affairs and needs advice. Perhaps his landlord needs reassurance that he is making an excellent adjustment, but that VR stands ready to help if some incident occurs.

This is not to be construed as the snooping of Big Brother. Rather, it is the human concern that VR has in seeing to it that the client achieves the optimum adjustment to his handicap. If good relationships are maintained between VR and the employer via regular followup visits, the employer is much more apt to check out problems with the agency instead of abruptly discharging the employee. At the same time, the high-risk client will understand that VR is a friend to turn to for counsel and assistance with the result he is more secure on the job and in the community.

Rehabilitation efforts have often failed because the client had to quit training and take a menial job to support his family. In so doing he pretty much guaranteed himself a low-paying, unskilled future. On the other hand, a living allowance for the client's family could have seen them through the training vital to a happier and more secure future.

In this country the family remains the basic unit, but disability can do much to undermine it. With family disorganization on the increase, the presence of a handicapped person can speed up such disorganization. Family instability doesn't stop with the adult generation, but carries over to the children with the result that families become chronic welfare cases over several generations.

Families of persons undergoing rehabilitation may often require services themselves if rehabilitation is to be undertaken. As an example, an AFDC mother of preschool children needing vocational rehabilitation which would enable her to be self-supporting. Under present VR regulations she would not have been eligible for DVR services but under the extended eligibility criteria of the Wisconsin research project she could be accepted. Further, under the project she would also be entitled to child-care services for her children.

Without these services for the children, she could not have undergone the secretarial training which ultimately took her off welfare. In the experiment DVR has trained a number of persons while providing such additional services as were required. DVR can sometimes draw on existing services to accomplish this end, but if such services are not available it may mean the end to the rehabilitation effort.

From this same research project comes an example of rehabilitation success which could not have been achieved without security for the client's family during training. In this case, a client could not find work because of arthritis.

DVR evaluated him and determined that he still had enough use of his hands to become a welder. Although he would have to train 200 miles away from home, DVR and the public assistance agency supported the family during the training period. After training, the client went to work as a welder in Milwaukee and is now earning more than the couselor who guided him.

The vocational rehabilitation movement in the United States has now been in existence nearly half a century. During this period certain techniques and methods have proved to be practical and effective and hundreds of others have been discarded. Many of the problems confronting us today as we develop our poverty programs are identical or at least very closely allied to those that VR has coped with since 1920. This experience should not be wasted. The errors of the past should not be repeated and the proven techniques should be broadly adopted.

Failure to recognize the value of this half-century of experience can only result in costly repetition of methods already demonstrated to be ineffective. Congressional awareness of this problem and resulting guidance would result in tremendous savings and in a much better ultimate result.

Now, with that statement, gentlemen, I would like to discuss what we will refer to as the Wood County project, and as I said, the reason I would like to discuss this particularly is because it incorporates many of the changes that we anticipate through this legislation.

I would also like to, while it is still fresh in our minds, comment on the subprofessional rehabilitation aide or the counselor aide that you were just discussing with Mr. Levy and Mr. Scheuer. I must add that we also have never seen each other before.

Mr. SCHEUER. This testimony is also spontaneous and unrehearsed.

Mr. TOWNE. That is correct, sir.

We have a project operating in Wisconsin financed with 90-percent Federal funds, 10-percent State funds, that is designed to demonstrate the effectiveness of counselor aides.

Mr. DANIELS Is this run by an agency of the Government?

Mr. TOWNE. Yes, this is run by our agency, with the Federal money coming from our Federal, parent body, Rehabilitation Services Administration.

We have chosen to locate this project in the northwest, sparsely settled area of the State, and to place these—we have chosen to call them counselor aides—in a group of small towns in the northwest area where they act as assistants or supportive counselors to the regular counselor in the area.

These people come from a variety of backgrounds. We don't insist upon college education for them if they prove to be alert, intelligent, and otherwise acceptable.

Mr. SCHEUER. How about high school?

Mr. TOWNE. I believe that our personnel board is pretty insistent upon a high school education, but this can be waived in exceptional cases.

Mr. SCHEUER. Before you finish, would you comment on the problem Mr. Levy pointed out of the title "aide"? He advised us against using the title "aide." Perhaps you might come back—you might clarify whether that has been a harmful and complicated matter, sometime before you finish.

Mr. TOWNE. The project is so new that if there is an objection to this term, we are not aware of it at the moment.

Mr. SCHEUER. How do they function in practice?

Mr. TOWNE. These people are, in the first place, thoroughly trained in the regulations of the agency, in the law, and in program objectives.

Mr. SCHEUER. How long a training course do they get before they go out?

Mr. TOWNE. Before they actually start work, they are given 2 weeks of intensive training and then there is an ongoing program on a less intense basis.

Mr. SCHEUER. Then there is an on-the-job training program?

Mr. TOWNE. That is correct.

Mr. SCHEUER. How long does that last?

Mr. TOWNE. Well, that is still going on. This project started in July and training is still in effect. We are giving training seminars in special areas like retardation and mental illness.

Mr. SCHEUER. Very interesting.

Mr. TOWNE. These people may be housewives in the community who had some college training, who are looking for interesting employment of this kind. They disseminate information; they, perhaps, will arrange medical examinations with the physicians in the community. They take the applications; they do many things up to the level of committing funds.

The actual committing of funds must be done by the professional counselor.

Mr. SCHEUER. Do they get into the actual rehabilitation process in direct relationship with the rehabilitatees?

Mr. TOWNE. Yes, they do. I wouldn't go so far as to say they are actually determining vocational objectives for these people, however.

Mr. SCHEUER. I didn't ask that, I wouldn't suggest that for a moment. But are they working under the close supervision of a professional in the rehabilitation process?

Mr. TOWNE. Very much so, yes.

Mr. SCHEUER. In other words, they are doing more than just making phone calls and setting up appointments, checking up on whether or not appointments have been met. They are working in the rehabilitation program itself.

Mr. TOWNE. Very definitely.

Mr. SCHEUER. How do they function?

Mr. TOWNE. I wouldn't have Mr. Levy's hesitance about the contribution they are making. I would say this is going to be an outstanding manpower contribution to our program. This is confined to the northwest district of the State and already the other districts are looking upon this project with envy and asking that the same thing be carried out in their areas.

Mr. SCHEUER. That is very interesting.

Mr. TOWNE. Now to get to the Wood County project.

Mr. SCHEUER. May I just say before you continue, since you have hit this subject, you are from Wisconsin. I do want to point out what a very great contribution your Congressman, William Steiger, has made to the entire development of the aide program.

He has been an intelligent, thoughtful, and creative, and most cooperative leader in this field; he has shown great initiative and great leadership and great insight, and he has taken a major responsibility about the whole aide program, right across the whole spectrum of aide services.

I think you in Wisconsin should feel very proud of the contribution he has made.

Mr. TOWNE. Yes, sir; we are well aware of this and we are very proud of it. Mr. Steiger is another in a long line of distinguished social thinkers who have represented Wisconsin in the Congress.

In 1964 an idea was born that has since grown into a unique and exciting experiment. Congressional committees and State legislatures had long asked this question: "How much money and how much staff would it take to meet the Nation's vocational rehabilitation needs?"

No one knew the answer but many people were anxious to find out.

The idea that grew into a VRA funded project was this: We would select an "average" county, not so large as to be unmanageable and yet large enough to give a good sample, not too wealthy and not too poor, not strictly rural nor predominantly urban, just an average county. The next step was to initiate an intensive public information program to thoroughly saturate the area with knowledge of vocational rehabilitation and the project. Concurrently we began to establish offices and employ appropriate staff.

The Survey Research Laboratory of the University of Wisconsin made their computer hardware and skills available to us in the selection of the project county and they also helped us select a control county. The control county was to possess similar characteristics to the experimental county but here it would be "business as usual."

Ultimately, Wood County, with 60,000 population, located in the central part of the State, became the experimental county and neighboring Eau Claire County, the control.

To meet the county's total rehabilitation needs, we decided to expand our eligibility criteria to include not only those persons with a medically defined disability, but also we would serve the culturally disadvantaged, the educationally deprived, and the public offender. In fact, the expanded definition of eligibility used in the project is almost identical with the one found in H.R. 15827.

We learned that to serve an area as intensively as we were proposing to do we need one counselor for each 12,000–15,000 of population. In our regular, ongoing program and in most other States counselors serve populations of from 50,000 to 150,000 people.

A highly sophisticated research design was developed by the University of Wisconsin and a portion of the budget each year is allocated to the research function. We feel that this final report will be a major contribution to rehabilitation literature.

Now, if we can turn to some of the charts that I have prepared, Mr. Daniels, No. 1 shows the cases served per 100,000 of population. Now, this means served in any way—a medical examination, by counseling, by training, whatever it might be.

You will note that there are three determinations here: (1) the U.S. average; (2) the Wisconsin State average; (3) the Wood County project average.

So, at the conclusion of the first year of the project, 1965, the U.S. average was 227 persons served per 100,000 population. In Wisconsin we were slightly above that with 278; and in the Wood County project at the end of the first year we served 393.

You will note that the project started to take hold in the second year and where the U.S. average rose slightly and the Wisconsin average rose moderately, the Wood County average per 100,000 jumped to 767.

The third year the discrepancy is still greater. The Wood County cases served went way up to 1,197, as compared to the U.S. average of 287, and in the fourth year, which will be completed on June 30, 1968, the number served will be 1,135 (estimated).

Now, if you will turn to chart No. 2, which shows per capita expenditure, there are some very interesting figures.

In the first year, the U.S. average per capita expenditure was 79 cents; Wisconsin was just about at that average, at 80 cents; and we spent $1.73 per capita in the project.

The next year the U.S. and the Wisconsin averages rose slightly and Wood County jumped to $5.30 per capita, in this county of 60,000. In the third year it jumped to $6.42.

Now, the plan of the project was to gradually phase out in the fourth year and fifth year and at the end of the fifth year we would be on a business-as-usual basis and back to the approximate level of the rest of the State activity, so we are now in the process of retrenching and getting back to normal now in the current fiscal year.

I think the most interesting chart of the group is No. 3, and the answers are not all in on this yet, but you will note that at the end of the first year, when we were engaged in this intensive casefinding program and when very few of the people had completed their rehabilitation programs, the chart shows the average cost per rehabilitant, for a completed rehabilitation program, and the cost was $3,000 in Wood County as compared to a national average of $1,089. It was costing three times as much in that first year.

The second year, however, the U.S. average was $1,325, and Wood County dropped from $3,000 down to $2,009. Now the third year, when production really began to take hold and our rehabilitation training programs began to produce, $1,750 was the average cost in the United States, and Wood County dropped to $895.

In the current year, and these figures are estimates, but they are pretty close, the national average will be $1,915, and Wood County will be down to $666.

Mr. DANIELS. What was the large additional cost in the first year due to?

Mr. TOWNE. This was due to the fact that many of the clients entered their rehabilitation programs and did not complete them in this year, so they could not be classified as a closed rehabilitated case, they had to be carried over into the next year, so that, although a very substantial expenditure in case service money was made, their rehabilitation was not completed and they could not be classified as a rehabilitated client.

Mr. DANIELS. Does that figure take into consideration the cost for the establishment of a facility?

Mr. TOWNE. We didn't establish any facilities. We underwrote, in effect, two workshops in the county through the provision of case service. We didn't actually buy buildings or construct buildings, but we enlisted community support to develop the workshops and we, in effect, underwrote their existence by guaranteeing to them that we would spend a stipulated number of dollars with them that year to insure adequate staffing, et cetera.

These costs include everything except the research program carried on by the university. The administrative costs, case costs, rent and travel are included.

No. 4 is a dramatic chart. It shows the cases rehabilitated per 100,000 population. Here we were at the outset in 1965 with the U.S. average at 70 people per 100,000. Wisconsin slightly above that at 80, but Wood County below at 58.

The next year the national average rose very slightly, 78 per 100,000, and Wood County jumped to 264.

But in the third year, when things really were rolling in Wood County, the national average was still up only slightly at 87, and Wood County went to 717 per 100,000 of population.

And as I stated previously, the project is starting to taper off in this year and in the next year it will go back to the level of the rest of the State.

Now, the last sheet is the one showing the expenditure by years, the research program is isolated on the left, the total expenses of Federal and State money are shown in the following categories. You will note that in the 1965–66 year we found the project money to be inadequate to meet the needs of the project and we supplemented this by adding section 2 money.

This was also done in the fiscal year 1966–67. So in fiscal 1966–67, in this county of 60,000 people our total project expenditure was $455,000.

When the returns are all in, I am very sure, Mr. Chairman, that we are going to be able to demonstrate some very interesting facts about the techniques we have used, the type of clients we have served and what happens when you do all things that are needed in the community.

In concluding my discussion of this, I would like to read a very brief letter which was addressed to Congressman Mel Laird; Wood County happens to be in his district. This letter was addressed to Congressman Melvin Laird by the welfare director of Wood County and I quote:

"As far as the relief load in Wood County is concerned, it has been more than cut in half since the inception of the project. Just prior to the beginning of the project, the relief load totaled 145 cases. On May 1, 1967, it totaled only 59 cases. I believe very much that considerable credit must be given to this project for this reduction and while I have not always been in agreement, I would be the first to admit that a much expanded rehabilitation program in all areas would ultimately prove beneficial to the taxpayers.

"It is my belief that when the final curtain is lowered on this 5-year project and an analysis made, it will show conclusively that attempts at rehabilitation have heretofore been insufficient and an expanded program can and will return him to some type of employment.

That concludes my testimony.

Mr. DANIELS. Mr. Towne, could you give us a summary of the nature of the cases that were handled by this Wood County project?

Mr. TOWNE. Yes, I cannot give you actual percentages, but I think the main distinction should be made in this way: Historically vocational rehabilitation has accepted people whose disability can be medically determined, that is, a doctor can decide whether this person's handicap is an impediment to employment.

Now, you see this doesn't apply, the medical determination doesn't necessarily apply to the culturally deprived, the educationally deprived, the social disrupter and so on. Approximately 40 percent of the people in the peak year of this program came from outside the category of a medically determined disability; they came from these other groups.

Mr. DANIELS. Mr. Scheuer, any questions?

Mr. SCHEUER. I thank the witness; it was very interesting.

Mr. DANIELS. Thank you.

Mr. Levy, would you step to the witness stand again. Mr. Roberts, will you likewise step forward. We want to ask you some further questions with respect to your testimony.

Mr. SCHEUER. Mr. Levy, would you tell us briefly what was on your mind on this question of the aide title and how it affects the program in your State?

Mr. LEVY. Of course, in New York State we don't have any such title in our program at this time.

Mr. SCHEUER. As a rehabilitation aide?

Mr. LEVY. Yes. The closest we have to it is our current rehabilitaton interviewer title which we have had for many years.

One of the things that concerns me and why I commented on the title was that State agencies such as ours have to work through a State civil service system which covers all types of agencies and all types of jobs. I must suggest that my information is based on the fact that if a specific title is given to a job, and this is picked up by civil service, they will then compare this with a very similar aide title which may exist in other departments, and then the attempt is usually made to put this job on the same level of qualification and salary, et cetera.

So, all I am saying is that rather than having a definition which has rehabilitation aide in quotes, that the functon of the position be included so that we can then deal with civil service in terms of saving, for this program, this function should be at such and such a level and we can use any title which seems appropriate within the particular State.

Mr. Scheuer. Very good, that clarifies the question very adequately.

Mr. Levy. Thank you.

Mr. Scheuer. Mr. Roberts, you have heard the questions and answers on the subject of whether there is a contribution to be made by the aides with a small amount, as to whether people with less than college and professional training do have a role in the total treatment of people who need rehabiltation.

Can you give us your thoughts on whether there is a new career role as an aide in rehabilitation, a role both for people who have been rehabilitated themselves and for perhaps people with less than a college education, and even less than a high school education, who are interested in the field of rehabilitation, who may have a disadvantaged person in their family, or among their friends, who is attracted to this field?

What are the opportunities, do you think, for us to look to less than professionally trained people as a source of manpower and how do you think we should go about it, and what is the potential?

Mr. Roberts. What I will do, Mr. Scheuer, is also submit some of this to you subsequently, if I may. I will comment on it here and then submit this to you in addition.

Mr. Daniels. It is so ordered without objection.

Mr. Roberts. The Association of Rehabilitation Centers is in the second year of a contract with the Department of Labor to accomplish precisely the kind of thing being described here and being asked about.

We had a contract with the Department of Labor (MDTA-OJT Contract D.C. J-25) and the Bureau of Apprenticeship Training to see that 600 such people were trained and employed. We use the term supportive personnel; we feel it is a broad, generic kind of label that doesn't threaten any profession and doesn't carry with it any connotation that might be objectionable.

The first contract called for us to train 600 supportive personnel in the rehabilitation categories, and those who would also work as other kinds of institutional aides in health and related facilities.

The contract called for the training of 600 persons at a total cost of $388,000.

In 12 months we had trained 800 and only spent $370,000, so we ended up with more people being trained in less time than called for and didn't spend all the money.

The Department of Labor saw fit to grant us an additional contract immediately to train 800 people in 18 months with a grant of $800,000. Again after 12 months we had 900 people enrolled in training.

This was a coupled contract with the Office of Education.

So we are now in a revised second contract of 24 months to train a total of 1,200 supportive personnel with a contract in the rough amount of a million dollars, and we will exceed this.

These kinds of programs are 12 to 26 weeks in length. They are for the training of aides in physical therapy, occupational therapy, counseling, social work, all of the subprofessions.

Mr. Daniels. What is the source of your clients?

Mr. Roberts. The source of our clients is precisely the kind we are speaking of here. We are certainly not talking about college-trained people, it is those with high school and less. They are the disadvantaged, they are the precise population that we are concerned with here in our discussions and our questions, and these are people who are not just trained and then referred for employment. This is on-the-job training.

These people are on the payroll from the beginning of their training, and they have a high rate of continued placement. This is not a program that is just in process. We have results, we have placements, and I think we are showing 85 to 90 percent continued successful employment.

Mr. DANIELS. How and by whom are they selected?

Mr. ROBERTS. They are selected in each case by the training agency itself, the facility. For example, in Chicago we are working with Chicago State Hospital in the training of psychiatric aides. They hire them, they select them, they develop the curriculum with our assistance. The students are selected, trained, and hired by the facility.

Frequently, this being a Labor Department contract, it is requested that the Employment Service make referrals, but referrals are coming from the rehabilitation agencies as well as the Employment Service.

It is our feeling that what we are doing demonstrates the validity of the proposed amendment that Mr. Scheuer will advance and I think that we should be——

Mr. DANIELS. It sounds like a very worthwhile program.

Mr. ROBERTS. I think we ought to be in better communication on it and I think this is a remarkable opportunity for us to have heard what our mutual interests are, and we look forward to communicating more fully with the success of this program and its expansion. However, if we have learned something that is applicable to what Mr. Steiger and Mr. Scheuer are promoting, we would like to see to it that they receive full information on the success of this project.

Mr. DANIELS. I suggest you supplement your views with a statement to be incorporated in the record here. If you could do that in a few days, it will be appreciated.

Mr. ROBERTS. I will do so.

Mr. DANIELS. Thank you.

Our final witness for today is Mr. Nathan B. Nolan, director, division of rehabilitation facilities and workshops, office of vocational rehabilitation, Atlanta, Ga.

Mr. Nolan, unfortunately our time will be limited. I notice you have quite a lengthy statement. May I suggest that your statement be incorporated in the record and perhaps you can summarize its contents and state to us your views on the subject matter?

STATEMENT OF NATHAN B. NOLAN, DIRECTOR, DIVISION OF REHABILITATION FACILITIES AND WORKSHOPS, OFFICE OF VOCATIONAL REHABILITATION, GEORGIA DEPARTMENT OF EDUCATION

Mr. NOLAN. I would be happy to, Mr. Chairman.

Mr. DANIELS. Without objection the statement of Mr. Nolan will be incoporated in the record at this point.

(Statement follows:)

PREPARED TESTIMONY OF NATHAN B. NOLAN, DIRECTOR, DIVISION OF REHABILITATION FACILITIES AND WORKSHOPS, OFFICE OF VOCATIONAL REHABILITATION, GEORGIA DEPARTMENT OF EDUCATION

Mr. Chairman: I am appreciative of the opportunity to discuss parts of the Bills you have under study as you seek to strengthen the State-Federal Rehabilitation program. As Director of the Division of Rehabilitation Facilities and Workshops of the Georgia Agency for Vocational Rehabilitation, I have the responsibility for a number of facilities and workshops in our State, including the Atlanta Employment Evaluation and Service Center, which now has a program that closely parallels the provisions of HR 15827 "Vocational Evaluation and Work Adjustment Program," Section 19. In addition to my duties as Director of Facilities and Workshops, I also serve as a member of the National Policy and Performance Council, a member of the Governmental Activities Committee of the Association of Rehabilitation Centers and served as Chairman of the National Institute for the Inter-Dependence of Rehabilitation Facilities, Workshops and State Agencies. These experiences have helped me relate the program at the Atlanta Center to the broad needs of society and to form some opinions about how we can help meet them.

It is appropriate that we consider legislation which will lower the barriers to service for a large segment of our society which has long been overlooked. With the emphasis on full manpower utilization and with the recognition of special problems of certain population groups in our society, especially those problems that relate to the individual's ability to provide for himself and his family, the importance of rehabilitative measures is receiving wide recognition.

During the past decade or two, vocational rehabilitation agencies have developed considerable knowledge and competence in the field of evaluating an individual's potential skills and ability to use these skills in the market place. These agencies have also developed an expertise in bringing a variety of services in a proper combination with timeliness to bear on an individual's problems. Their work, however, has been confined largely to individuals with physical or mental impairments.

There are other large segments in our society which apparently need this type of service desperately (and there are indications that "desperately" is the correct word). The underprivileged, the culturally deprived, the elderly and the "hardcore poor" certainly can profit from this kind of rehabilitation, and perhaps many of them cannot move into the mainstream of our economy without some of these services being provided. These groups are relatively new to social service agencies. Most of these agencies simply have not become acquainted with these people in past years. We have been fortunate in Atlanta, Georgia, to have an opportunity to participate in an advanced research program studying some methods of working with these groups through a cooperative approach that has involved many of our social agencies and the Georgia Agency for Vocational Rehabilitation.

As community action programs cooperating with the Office of Economic Opportunity, and other agencies whose target population was primarily in the poverty group, began to take shape in metropolitan Atlanta, it became apparent to those looking at these proposals that there was great need for competence and central approach in the area of evaluation of potential skills and the ability to use these skills. There was need to develop a system that would meet the individuals needs of indigent persons, as well as have characteristics that would meet the needs of many agencies in the metropolitan area. After much consideration, the Georgia Agency for Vocational Rehabilitation was seletced as the Agency best equipped to provide this type of service. As a result, the Atlanta Employment Evaluation and Service Center (AEESC) came into being and began accepting clients on May 1, 1966.

The Atlanta Employment Evaluation and Service Center was to be different. Can you imagine a complete community of social and rehabilitation service agencies brought together under one roof with a single purpose—serving the client? A shopping center for rehabilitation, and indeed, this Center is located in the heart of a shopping center which, in turn, is in the midst of a deprived area. A former bowling alley was renovated and converted to house social workers, rehabilitation counselors, employment service people, public school system people, workshop, a sophisticated vocational evaluation service, a medical unit, psychological services, a cafeteria and the auxiliary units to keep these service units moving. This complex was designed to fill voids in community services and to deliver services on a timely basis to many individuals who were not previously receiving services. The evaluation component is somewhat unique and enables the other services to function at the proper time and identifies what services should be provided.

As soon as a referral is received, the client is invited to the Center by letter. If he does not respond within three days, a Social Worker attempts to contact him; thus, written contact is made immediately and personal contact is attempted, and usually made, within three days.

The community services available at AEESC were established with full consideration given to the individual and his needs. The team concept which is used is structured around the counselor, social worker, and evaluator as core members. They, in essence, are responsible for the client's program. Auxiliary services complimenting the core team are:

(1) *Medical.*—Each client admitted to the Center receives a complete general medical examination with recommendations for specialist examination, if indicated. Physicians consult with the staff regarding implication of medical problems.

(2) *Psychological.*—Each client admitted to the Center receives a psychological screening battery to see if further exploration should be made. This battery of tests is guided by the skilled hands of psychological consultants who are available to the staff.

(3) *Psychiatric.*—Psychiatric consultants are ready to guide and advise the professional staff when a question arises regarding a client. Many behavioral problems are worked out during the client's short stay at the Center.

(4) *Education.*—It has been found that many of the clients are motivated to receive a higher education. Many times this is found to be the only real motivating force. The Center has four full-time teachers who are qualified in the academics as well as oriented to the client's complete evaluation needs. In our short period of operation, 98 clients have taken the General Education and Development Test (GED) and have been awarded their high school certificates. This alone opens the door to many employment opportunities that, otherwise, would not have been available.

(5) *TOWER Evaluation.*—The relatively sophisticated TOWER System, developed at the Institute for the Crippled and Disabled in New York, forms the base for this evaluation program. This system is dependent on our ability to group jobs into job families and then separate critical tasks and measure one's ability or potential to perform these tasks. This is done in a setting that more resembles a realistic work setting than a classroom test setting.

(6) *Adjustment Workshop.*—The TOWER Evaluation area just mentioned is used as a motivating area as well as for evaluation. Clients are skillfully made to start responding in a vocational sense. Work Adjustment goes another step. Here we have real work that must be produced within a reasonable time limit at industrial standards. The team working with the client and especially the Counselor on this team, guide the professionals in the Work Adjustment program as they work with the client. Often it is found desirable for work foremen to place considerable pressure to produce on an individual. In other situations, considerable supportiveness is necessary. Tolerance for a full work day is always a desired goal; however, it is often necessary to build this tolerance over a period of time. Thus, for many people, we are changing behavioral patterns and attitudes to more nearly conform with the accepted patterns and attitudes of society. Individuals who formerly had no respect for work learn that work does have dignity and that there is personal satisfaction in contributing and earning.

(7) *Placement Specialist.*—Placement specialists are provided to AEESC by the Labor Department. They are trained in job development and have available job leads that exist in the community. The job specialist's role does not become dominant until the client nears the end of the evaluation process—but, by being available, he can become aware of the problems that might exist in the client's placement and serve as a consultant regarding job availability and/or feasibility.

Now, to reconstruct our thinking, we have under one roof brought together:

Counseling—which represents Vocational Rehabilitation
Social Work—which represents the Welfare Department
Job Placement—which represents the Labor Department
Teaching—which represents the Community Schools
A Workshop—which represents Industry

These services under a single leadership are successful in the rehabilitation of your constituents.

There are no artificial barriers to acceptance at this Center. Referrals are automatically accepted for admission if they are between 16 and 65 years of age and have an I.Q. above 50. Most referrals have been those which other agencies have been unable to assist and it is not unusual for a referral agency to advise the Center staff that the individual is likely to be uncooperative.

Under these circumstances, it is not surprising that some people referred never enroll. A study has been done of individuals referred prior to December 31, 1967 who did not enroll. We were able to locate all but ten percent (10%) and found that twenty-four percent (24%) were working (usually at menial jobs but they were unable to forego this income in an attempt to upgrade their employment.) Four percent (4%) were engaged in some kind of training program; fourteen percent (14%) were ill or had major illnesses in their family which prevented participation; eight percent (8%) had been referred by the Center staff for more appropriate services elsewhere and forty percent (40%) had simply refused to participate, even after detailed explanation.

Those who enroll stay from one day to six months. A few drop out after a day or two and do not complete evaluation. Usually, however, if an individual stays as long as a week, he will complete the program. The work history of the people who are admitted gives us some insight into their problems:

19% have never worked
38% have not worked in the past 6 months
38% were unemployed or underemployed at the time of admission, but had some employment history in the last 6 months
5% unable to establish work history

Thus, fifty-seven percent (57%) could be considered among the chronically unemployed.

A breakdown of the current status of 1,963 clients admitted to the AEESC is as follows:

Center active	139
In training	179
Waiting placement or training	163
Receiving intermediary services	60
Currently in preparatory program	541
Services interrupted	95
Presently employed (prior to closure)	155
Closed, employed (minimum of 6 months of job)	377
Total now employed	532
Closed, other	587
Closed, unemployable	208
Total, closed, not employed	795
Total	1,963

Since many of us associated with this Center come from the State-Federal Rehabilitation program, the ratio of individuals who entered employment seemed too small. A consideration of the type persons who were admitted (fifty-seven percent (57%) were chronically unemployed) certainly indicated that we could not expect the usual rehabilitation success ratio; however, these figures did not necessarily indicate that the chronically unemployed were the individuals who became employed. A survey of the first two hundred fifty-five (255) persons to remain on the job for six months shows that:

Work history	Individuals	Percent of total
Had never worked prior to admission at AEESC	44	17
Had not worked in the 6 months prior to admission at AEESC	87	34
Were unemployed or underemployed at the time of admission, but had some employment history in the 6 months prior to admission	110	43
Unable to establish work history	14	5

In this group of satisfactorily employed people, fifty-one percent (51%) had been chronically unemployed.

These facts indicate that this method does produce the desired result. Letters submitted to this Committee attest to the sharing of this conclusion by the DeKalb County Department of Family and Children Services, Fulton County Department of Family and Children Services, the Atlanta Public Schools, the Georgia Department of Labor, the Fulton County Probation Department, the DeKalb County Department of Public Health, various units of Economic Opportunity, Atlanta, Inc., the community action agency and others. Excerpts from a letter received from Mr. Alfred Slicer, Director of the Illinois State Rehabilitation Agency who chaired a subcommittee on Organization and Community Relation of the National Citizens Advisory Committee on Vocational Rehabilitation, when it visited the Atlanta Center will serve to illustrate the opinion of knowledgeable people who have observed the Center in action. He says:

"All of us were impressed with the potential of that facility from the standpoints of (1) the number that could be served, (2) the quality of its program content, (3) the flexible philosophy, (4) the freedom for innovation, and (5) its organization."

Mr. Slicer also remarked: "As we pay more and more attention to the hard core unemployed, the school dropouts, the socially maladjusted and those with language barriers, I envision rehabilitation facilities providing important services to all of these groups, and this is most appropriate since historically they are geared to working with an individual at his current level of functioning. In other words, the service can be planned around the individual and his specific needs."

We believe this system can be improved and we constantly seek to do so. During the two and one-half years it has been in operation, we have made many changes; one of the most significant was to provide more concentrated follow-up on individuals after they left the Center, including those who did not complete the program. We are now in the process of adding some training for people with limited education through the resources of the Rehabilitation Act of 1965 (PL 89–333), under the Training Service Grant section. Our experience, including our mistakes, will help move more and more people from the "hardcore poor", the "disadvantaged", and the "chronically unemployed" to that segment of society that works—provides for a family and pays taxes.

We sincerely hope that you will see fit to advance this approach to this problem by authorizing its inclusion into law, as proposed in your Bill.

STATE OF ILLINOIS,
BOARD OF VOCATIONAL EDUCATION AND REHABILITATION,
DIVISION OF VOCATIONAL REHABILITATION,
Springfield, March 27, 1968.

NATHAN NOLAN,
Director of Workshops and Facilities,
Division of Vocational Rehabilitation,
State Office Building,
Atlanta, Ga.

DEAR NATE: When last we talked you questioned me about our workshop program and the status of our statewide facility planning project. At that time, the latter had just gotten off the ground and there wasn't much to tell. Now, however, we have completed our survey of all the facilities and workshops in Illinois and are coming up with some interesting data and some long range prognostications as to the manner in which these resources will serve the disabled in the years to come.

Medical and psychological information about our clients is necessary and important, but experience is beginning to show that without meaningful work evaluation, pre-vocational training, or better yet, work adjustment training, the effectiveness of the client's program of rehabilitation suffers tremendously. This is particularly true for those which the law considers "catastrophically disabled".

I would venture an opinion that in the not too distant future that most of the services required to measure employability will be done in a workshop or a rehabilitation center and that at least 50% of our clients will be moved through a workshop during some phase of their rehabilitation. I just hope we have funds in amounts necessary to make maximum use of such facilities as the demand increases.

Those states that have quality workshops in sufficient numbers will be able to achieve good results rather quickly. Some states will lose valuable time initiating construction, while others will have to begin by engendering enthusiasm within the community for the support of a voluntary effort. Both are time consuming.

Georgia is one of the more fortunate states because it does have the makings of a most effective workshop program. When the subcommittee on Organization and Community Relations of the National Citizens Advisory Committee on Vocational Rehabilitation toured the Atlanta Employment Evaluation and Service Center last May, all of us were impressed with the potential of that facility from the standpoints of (1) the numbers that could be served, (2) the quality of its program content, (3) the flexible philosophy, (4) the freedom for innovation, and, (5) its organization. I presume by this time it has grown and all the problems accruing to growth are besetting you—such as shortages of staff and shortages of funds. I get somewhat concerned about our ability to keep a community interested in developing and maintaining a workshop, when we have to delay too long in helping it finance this needed service. It seems that money is the fulcrum upon which the future—at least the immediate future—balances, and I feel we need to simplify our funding procedures so that decisions can be made more rapidly.

As we pay more and more attention to the hard core unemployed, the school dropouts, the socially maladjusted and those with language barriers, I envision rehabilitation facilities providing important services to all of these groups, and this is most appropriate since historically they are geared to working with an individual at his current level of functioning. In other words, the service can be planned around the individual and his specific needs.

I have rambled considerably and haven't begun to cover my thinking about the burgeoning workshop movement which within the next few years is going to expand beyond our wildest dreams, but let this suffice for the moment. I look forward to seeing you soon to pick up where this letter leaves off.

Sincerely yours,

Alfred Slicer, *Director*.

Atlanta Public Schools,
Atlanta, Ga., June 29, 1967.

Robert E. Baxter,
Assistant Program Director, Liaison Division, Atlanta Employment Evaluations and Service Center, Atlanta, Ga.

Dear Mr. Baxter: In our opinion the Atlanta Employment Evaluation and Service Center is performing a worthwhile and outstanding service to the many individuals who are affected directly by this program. As the people who receive services from the Center are gainfully employed, the benefit of the Center to the metropolitan area is magnified many times.

The Center has made a very fine record during this short time it has been in operation. We sincerely hope that the program can be continued for a number of years for the benefit of citizens of the metropolitan area. The school system is proud to have had a small part in this program and we pledge our continuing support and cooperation in whatever way deemed most desirable.

Sincerely,

John W. Letson, *Superintendent*.

Georgia Department of Labor,
Employment Security Agency,
Atlanta, Ga., June 26, 1967.

Robert E. Baxter,
Assistant Program Director, Liaison Division, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.

Dear Mr. Baxter: Since the opening of the Atlanta Employment Evaluation and Service Center the Labor Department has found that it renders invaluable service and assistance to the Hard-Core unemployed, underemployed and handicapped and to the agencies working with this type individual. We have consistently utilized the services of the AEESC in providing additional evaluation to our Hard-Core applicants needing services beyond the scope of our operation.

We have been very happy to cooperate with the AEESC and feel that it is rendering a great service to the Metropolitan Atlanta Community.

It is our sincere hope that the services provided by your agency will be continued.

Sincerely,

B. M. Harmon, Jr.,
Metropolitan Area Director.

Adult Probation Department,
Atlanta, Ga., June 28, 1967.

Robert E. Baxter,
Assistant Program Director, State Department of Education, Division of Vocational Rehabilitation, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.

Dear Mr. Baxter: This department is vitally interested in the continuation of the service rendered by the Atlanta Employment Evaluation and Service Center. As you know, our Counseling Section deals largely with people having marital troubles. Your department has been of great value in assisting these women who have children to support and who have just become separated from their husbands.

With the unrest and uncertainty in our world today, it seems that more and more cases of this type are coming into this office. The service rendered by your Center has been most helpful, not only to the women, but to the men we have referred.

Therefore, in view of the foregoing, we give strong endorsement to your program and the service presently extended, and we urge its continuation.

Sincerely yours,

S. N. Manning,
Chief Probation Officer.

Department of Public Health,
DeKalb County,
Decatur, Ga., June 20, 1967.

Robert E. Baxter,
State Department of Education, Division of Vocational Rehabilitation, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.

Dear Mr. Baxter: The DeKalb County Health Department has received much assistance from the Atlanta Employment Evaluation and Service Center.

This Center has been of considerable help especially in our overall mental health program and we are very desirous of seeing this Center continue.

Sincerely yours,

T. O. Vinson, M.D., *Director.*

Economic Opportunity Atlanta, Inc.,
Rosewell, Ga., June 22, 1967.

Robert E. Baxter,
Assistant Program Director, Division of Vocational Rehabilitation, Atlanta, Ga.

Dear Mr. Baxter: We at The North Fulton Service Center which is a part of The Economic Opportunity Atlanta, Inc., strongly urges that you continue the services to this center as you have in the past. We have worked closely with The Vocational Rehabilitation Program, and it has been a tremendous assistance to us. We would regret very much to see this service discontinued.

I have today referred to your department a man who has a severed arm, and I know of no other agency that can assist him other than that of Vocational Rehabilitation.

We cannot urge too strongly for your continued service and assistance to this center.

Sincerely,

G. W. Adams, *Acting Director.*

FULTON COUNTY DEPARTMENT OF FAMILY AND CHILDREN SERVICES,
Atlanta, Ga., June 16, 1967.

ROBERT E. BAXTER,
Assistance Program Director, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.

DEAR MR. BAXTER: I have observed with great interest the services provided and positive results secured through the operation of the Atlanta Employment Evaluation and Service Center, especially during the past year, after many of the anticipated problems applicable to original organization and securing staff have become more reconciled.

We have been very happy to cooperate with this Center and have found it to be of great value to not only many of our recipients in analyzing their work potential but also other applicants for financial assistance who though found ineligible under our existing policies could be referred to the Center either directly or in accordance with our practice of requesting the Vocational Rehabilitation Counselors who have offices in our Department to assist in making such referrals.

The continuation of the services provided by your Center, especially in view of the planned expansion of efforts to secure employment for needy people, is of paramount importance and serves a definite need in this community. The activities at the center should increase considerably as plans progress for implementation of additional programs in connection with the Model City Plan for Southeast Atlanta and as the Georgia State Labor Department makes available additional training and work experience programs in Fulton and DeKalb Counties.

Sincerely yours,

WELLBORN R. ELLIS, *Administrator.*

ECONOMIC OPPORTUNITY ATLANTA, INC.,
NASH-WASHINGTON NEIGHBORHOOD SERVICE CENTER,
Atlanta, Ga., July 5, 1967

ROBERT E. BAXTER,
Assistant Program Director, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.

DEAR MR. BAXTER: In all our experience with a referral agency, we feel confident that the Atlanta Employment Evaluation and Service Center is one of the most needed, proficient, welcomed and effective.

All of our contacts with the center have been most pleasant, profitable and enriching. We find the staff very affable, receptive and alert.

The clients who have been referred to the center have an unusual advantage. They have received complete analysis, service, counselling, and every opportunity for self expression and vocational discipline. This is an invaluable aid for persons with a mental, physical or personality problem.

The staffing, which is the culmination process of the services, is a most effective procedure, and displays concentrated efforts on each participating staff to recognize the potentials, expectations, achievements and capabilities of the clients and make recommendations accordingly. It also displays keen insight and understanding of the client's problems as they relate to employability, with every resource and effort geared towards resolution.

All important data are made available to the referring agency and can be used to develop better relationships, understanding and planning with the client.

We feel that the services offered at the Evaluation Center is indispensible to other agencies working with the client and is of extreme value to the client, as it provides, along with other experiences, an opportunity for self expression, develops new and different interests, introduces variety in areas of employment, and allows participation in realistic situations.

Very truly yours,

WILLIAM A. FOWLKES, *Director.*

ECONOMIC OPPORTUNITY ATLANTA, INC.,
PRICE NEIGHBORHOOD SERVICE CENTER,
Atlanta, Ga., July 14, 1967.

ROBERT E. BAXTER,
Assistant Program Director, Liaison Division,
Atlanta Employment Evaluation and Service Center,
Atlanta, Ga.

DEAR MR. BAXTER: We wish to acknowledge receipt of your letter of June 21, 1967, informing us of your desire to know if we will continue to need the services of your Center.

There will be a need for the continued use of your Center as a supplementary service. Because of our goals, and the diversified nature of our program here in serving the community, we find it quite necessary to utilize every available resource to help our clients. Your Center has been a valuable asset in helping us to meet our clients' needs, and we are looking forward to future use of your services.

Please be assured of our continued interest in, and endorsement of your services.

Yours sincerely,

GEOFFREY A. HEARD, *Director.*

EMORY UNIVERSITY,
Atlanta, Ga., July 11, 1967.

ROBERT E. BAXTER,
State Department of Education, Division of Vocational Rehabilitation, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.

DEAR MR. BAXTER: Please accept my apologies for being so tardy in contacting you. The normal hurly-burly of the initial phase of our summer program has deterred me from a number of obligations; this is not much of an excuse, merely an unhappy fact.

So far, our attempted collaboration seems to have come to naught. May I say first of all that this has not changed my opinion of the potential value of your center to our program and others like it. I am beginning to think, however, that we did not take into account a number of problems—mostly very subjective, I think—which have lessened the effectiveness of the program you and I conceived of.

Regarding Eugene Coverson, our first referral, I am unable to make a judgment. He baffled us while he was here, and his attitude toward the Center is just as hard to understand. He is not employed, he does not go to school; in short, he had nothing better to do than to attend the evaluation sessions. That may be a lousy criterion for attendance, but being essentially pragmatic, I would consider any reason bona fide if it led to the results we hoped for. The four girls whom we sent at the beginning of our summer session present somewhat different kinds of problems. I had not really imagined that the resistance they manifested would occur. I am not entirely convinced that there is much rationality to it. Nonetheless, it exists, and I guess we have to deal with it. Their major complaint was that they were "different" from the others at the Center. You and I saw this as a positive aspect of their involvement with the Center, I believe, for it seemed to open a relatively new vista for your operation. I did not think about the fact that *because* they would be "different," a very special kind of orientation might have to be devised. Of course, the problem was intensified because, in addition to the differentness they felt, they were also separated from their peers here. They resisted this as well. Thus, they began to perceive themselves as "different" from everyone with whom they came in contact—the others at the Center, and even their classmates here.

This does not change my initial feeling that we have not even begun to "know" these kids; I am still convinced that your Center offers the most comprehensive evaluative service to be found in Atlanta; on the other hand, I suppose it is nearly a truism to say that people dragged kicking and screaming to an evaluation situation are going to benefit only marginally.

I am in a quandary. I want these kids evaluated, but they absolutely refuse to participate in the Center's operations except under duress. That is a possible way to effect the evaluation, but I don't favor it, and I imagine that you don't either. At this writing, our psychological consultant, Dr. David Friedes, is working with Miss Pat Pierce, our head dorm counselor, to try to work up some sort of evaluative devices that can be utilized on campus. I don't think the effectiveness offered by your operation can be attained in this way, but it may be all that we can do at this point.

I have a feeling that service to high school kids like the four we referred is one of the most valuable potential activities of your center. You may recall that I contacted three school superintendents about having these kids sent to you during the school year for this service; I have yet to receive a reply from any of them. This indicates to me a resistance to real evaluation; I sense an attitude of threat to the status quo, or the fear of criticism of the kinds of evaluations that do—or do not—occur in the schools now. Thus, a "disinterested" Evaluation Center seems to me crucially needed in Atlanta. I had hoped that if we could develop some empirical evidence about the effectiveness of the evaluations, we could sell the schoolmen. But somehow, I think, we must put our heads together regarding strategy. We have not considered carefully enough the psychological problems for the students inherent, apparently, in the situation.

I am most anxious to hear from you about all of this.

Sincerely yours,

LOUIS D. BECKER,
Director, Upward Bound Program.

NORTHWEST PERRY HOMES SERVICE CENTER,
Atlanta, Ga., July 6, 1967.

ROBERT E. BAXTER,
Assistant Progam Director, Liaison Division, Atlanta Employment Evaluation and Service Center, Atlanta, Ga.

DEAR MR. BAXTER: We understand that you and your staff are in the process of projecting fiscal requirements for the remainder of your budget period. We wish to say that your services provided some of the clients we have referred a new and better way of life. We think particularly of a middle age man who was totally dependent upon his relatives for many years. One of the relatives was extremely protective of him. However, a situation brought us to her attention and the results was a referral of her relative to your agency. This man, who had not traveled alone for many years, began to use public transportation without assistance, following a few weeks at the Evaluation Center. He continued using this mode of transportation when reporting for duty at the sheltered workshop.

We feel that through the efforts of your staff this man was partially "habilitated". This has had an apparent positive effect upon the man and his relatives, and of course, there are other positive results which cannot be measured.

We, therefore, would like to endorse your agency's continued existance to supplement the functions of our agency.

Sincerely yours,

MRS. ETHEL DAVENPORT,
Social Service Supervisor,
C. W. GREENLEA, *Director.*

WEST CENTRAL NEIGHBORHOOD SERVICE CENTER,
Atlanta, Ga., June 29, 1967.

MR. ROBERT BAXTER,
Atlanta Employment Evaluation and Service Center,
Atlanta, Ga.

DEAR BOB: Just a few words in support of the services the Atlanta Employment Evaluation and Service Center provides as a resource deeply involved in the total effort to help needy people help themselves.

We, at the West Central Neighborhood Service Center, Economic Opportunity Atlanta, Inc., have a deep appreciation of the worth of the services provided.

It would be a tradgedy if those services were discontinued.

Sincerely,

A. A. FROMHOLZ, *Director.*

DEKALB COUNTY,
DEPARTMENT OF FAMILY AND CHILDREN SERVICES,
Decatur, Ga., June 27, 1967.

ROBERT E. BAXTER,
Atlanta Employment Evaluation and Service Center,
Atlanta, Ga.

DEAR MR. BAXTER: I am glad to tell you what a valuable resource the Evaluation and Service Center has proved to be for our applicants and recipients this past year.

This has been the first opportunity of many of these people for any evaluation of their abilities and lacks, or guidance in what is for them the right direction.

We have been especially impressed with the geniune interest and concern shown in each one and the thoroughness of the assistance to them and follow up in possible placement.

We certainly hope that this service might be continued.

Sincerely,

MRS. CAROLINE CLARKE, *Director.*

LOCKHEED-GEORGIA CO.,
Marietta, Ga., July 27, 1967.

R. E. BAXTER,
Atlanta Employment Evaluation and Service Center,
Atlanta, Ga.

DEAR MR. BAXTER: For your information and records, the attached is a summary of the status of the Lockheed-Georgia Company program to employ the disadvantaged.

As in any effort of this nature, successes are creditable to the cooperative efforts of many organizations and individuals. Those of us involved directly in the program are grateful for all assistance.

Sincerely,

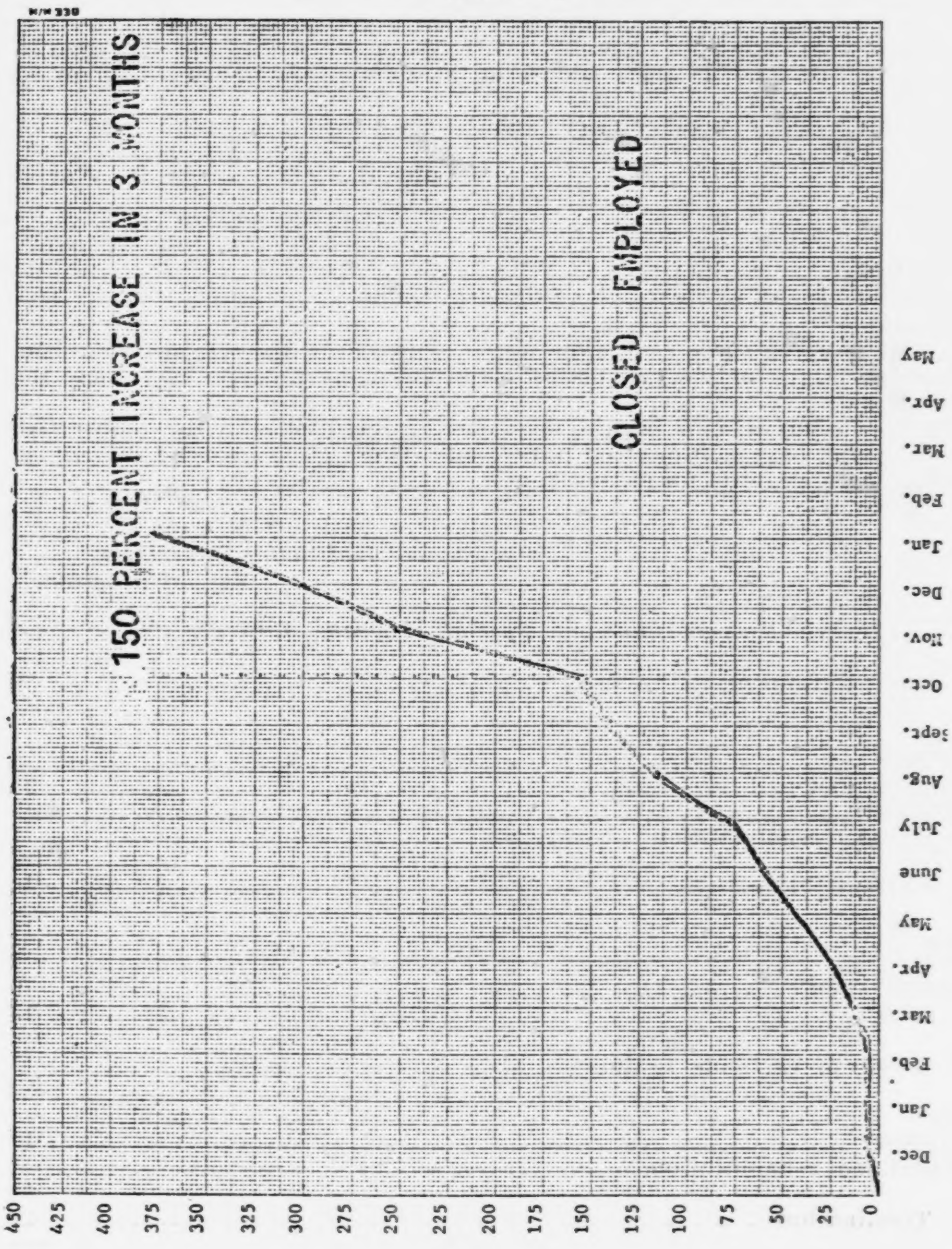
J. E. PAGE,
Technical Instruction Supervisor,
Special Program.

Lockheed-Georgia Company Special Program, July 27, 1967

Total Enrollment	79
Source:	
NYC	14
GSES (YOC)	28
AEESC	36
Vocational rehabilitation	1
Currently Employed	40
Source:	
NYC	7
GSES (YOC)	19
AEESC	14
Active in Vestibule Training	17
Source:	
AEESC	16
Vocational rehabilitation	1
Terminations	22
Source:	
NYC	7
GSES (YOC)	9
AEESC	6

NOTE: Sources listed are primary. All trainees were referred through GSES, and the majority were given preliminary tests at AEESC. Also, many of those listed were referred originally from Urban League, YMCA, Job Corps, welfare agencies, and church organizations.

Exhibit 1


150 PERCENT INCREASE IN 3 MONTHS
CLOSED EMPLOYED
0
25
50
75
100
125
150
175
200
225
250
275
300
325
350
375
400
425
450
Dec.
Jan.
Feb.
Mar.
Apr.
May
June
July
Aug.
Sept.
Oct.
Nov.
Dec.
Jan.
Feb.
Mar.
Apr.
May

③

EXHIBIT 2

REVIEW OF 98 CLIENTS WHO COMPLETED THE GENERAL EDUCATIONAL DEVELOPMENT TEST MAY 1, 1966 THROUGH MARCH 1, 1968

Between May 1, 1966 and March 1, 1968, 1047 clients received training in Special Education Classes at AEESC. One hundred eleven (111) of this number were tested for General Educational Development Certification. Ninety-eight (98) of these clients met all requirements. They were awarded a Georgia High School Equivalence Certificate.

Examination of the case folders showed this additional information:

90% of the number were female
64% of the number were Negro
81% of the number were under age 40
93% of the number had attained an 8th grade educational level or better
Only 40% of the number were reading on an 8th grade reading level or better

EMPLOYMENT CHARACTERISTICS OF THE REFERRALS WHO HAVE BEEN AWARDED THE GED CERTIFICATE

	Number	Percent
Prior to admission:		
No record of employment	9	9
No record of employment within 6 months	59	61
Underemployed or unemployed on admission but record shows employment within 6 months prior to admission	30	30
Total	98	100
Present status:		
Employed	51	52
In training	12	12
Evaluation or placement services incomplete	21	22
Closed, unemployed	14	14
Total	98	100

Source: Files from which this data was compiled are on file at the Atlanta Employment Evaluation and Service Center. This report was prepared by J. D. Paulk and H. F. Baker.

EXHIBIT 3

REVIEW OF ALL CLOSED REFERRED CASES

(Prepared by Ted Hammonds and Donnie D. Brown)

The data presented in this report was obtained by reviewing all of the Closed Referred cases (1045) by The Atlanta Employment Evaluation and Service Center on December 31, 1967. The review was made by only two individuals thus reducing the margin of errors to a high degree.

The purpose of this review was to determine the reasons for Closed Referred cases. The following information was obtained on each case:

A. Situation Changed Since Referral Made:
  (1) Working
  (2) In Training
  (3) Illness of Client or Family
  (4) Unable to Contact

B. Limited evaluation made and client referred to more appropriate agency for service. This category includes mentally and/or physically handicapped whose case material have been thoroughly studied, tests may have been given and medical and psychiatric consultation involved.

C. Client Refuses to Cooperate.

In the process of this review it was convenient to study the breakdown of Closed Referred cases by major referral sources.

BREAKDOWN OF CLOSED REFERRED CASES, MAY 1, 1966, THROUGH DEC. 31, 1967

Description	Number	Percent
A. (1) Working	257	24
(2) In training	46	4
(3) Illness of client or family	145	14
(4) Unable to contact	103	10
B. Limited evaluation and appropriate referral	78	7
C. Client refuses to cooperate	416	40
Total cases	1,045	100

It should be noted that Item A—1 is made up of a high percentage of clients that could not let their $40 a week job go in order to be evaluated at AEESC for upgraded employment. It should also be noted that this item is made up of a high percentage of males who are the breadwinners. This accounts for the high female population at AEESC. One could conclude that if AEESC was paying a higher (livable) maintenance, a higher percentage of the under-employed could be reached.

Between May 1, 1966 through December 31, 1967, there was a total of 3013 referrals made to AEESC. Of this number only 103 or 3% were were unable to be located. This conclusion compliments the social worker and her efforts to locate the referred clients.

Item C is made up with a high percentage of clients that preferred to seek employment rather than attend AEESC for evaluation.

BREAKDOWN OF CLOSED REFERRED CASES, MAY 1, 1966, THROUGH DEC. 31, 1967, BY MAJOR REFERRAL SOURCE

Description	Vocational rehabilitation		Welfare		Labor		NSC		YOC		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
A. (1) Working	29	18	92	26	26	29	53	23	9	17	209	23
(2) In training	8	5	17	4	4	5	8	4	8	16	45	6
(3) Illness of client or family	45	28	45	13	5	6	24	11	3	6	122	14
(4) Unable to contact	17	10	26	8	9	9	33	14	3	6	88	10
B. Limited evaluation and appropriate referral	18	10	22	6	8	9	16	8	3	6	67	7
C. Client refused to cooperate	48	29	154	43	39	42	94	41	25	49	360	40
Total	165	100	356	100	91	100	228	100	51	100	891	100

CLOSED REFERRED CASES COMPARED WITH TOTAL REFERRED BY MAJOR REFERRAL AGENCIES ONLY, MAY 1, 1966 THROUGH DEC. 31, 1967

	Total referred	Closed referred	Percent closed referred
Vocational rehabilitation	629	165	26
Welfare department	971	356	36
Labor department	222	91	40
Neighborhood service centers	599	228	37
Atlanta Opportunity Center	145	51	35

EXHIBIT 4

REVIEW OF 1746 CASES ADMITTED BETWEEN MAY 1, 1966 THROUGH DECEMBER 31, 1967

(Consolidated by Donnie D. Brown, Assistant Administrator, AEESC)

The data presented in this report were obtained by reviewing the case records of those clients who were reported as being admitted from May 1, 1966 through December 31, 1967. The clients' period of attendance at AEESC was from one day to six months.

The purpose of this review was to ascertain the degree of chronicity of client's employment history prior to admission to AEESC.

The following information was obtained on each case:

(1) No Work History.
(2) Did Not Work In Last 6 Months.
(3) Did Work In Last 6 Months.
(4) Records Did Not Indicate Work History.

Item number three above was given the benefit of the doubt. A high percentage of this number was part-time domestic workers. Many of this number showed numerous job changes and scattered employment. Items one and two can be combined to show the number and/or percentage of chronic unemployed clients served at AEESC.

The raw data for this study are on file with the Director of this Center—S. Cantey Gordon, Jr.

ATLANTA EMPLOYMENT EVALUATION AND SERVICE CENTER

WORK HISTORY TABULATION OF 1746 CASES

	Total	Percentage
No work history	331	19
Did not work in last 6 months	667	38
Did work in last 6 months	665	38
Records did not indicate	83	5

Note: 331 or 19 percent had no work history, 661 or 38 percent did not work in last 6 months, and 992 or 57 percen were considered chronic unemployed clients.

CLOSED EMPLOYED CASES

[May 1, 1966, through Dec. 31, 1967]

	Number	Percentage
No work history	44	17
Did not work in last 6 months	87	34
Did work in last 6 months	110	43
Records did not indicate	14	6
Total	255	100

Note: 44 or 17 percent had no work history, 87 or 34 percent did not work in past 6 months, and 131 or 51 percent were considered chronic unemployed clients.

CLOSED OTHER CASES

	Number	Percentage
No work history	153	22
Did not work in last 6 months	279	41
Did work in last 6 months	208	30
Records did not indicate	49	7
Total	689	100

Note: 153 or 22 percent had no work history, 279 or 41 percent did not work in last 6 months, and 432 or 63 percent are considered chronic unemployed cases.

EXHIBIT 5

COUNSELING DEPARTMENT CUMULATIVE REPORT, MAY 1, 1966, THROUGH FEB. 29, 1968

	Feb. 29, 1968	Last report	Total to date
Total number referred	181	3,185	3,366
Closed referred	57	1,158	1,215
Admitted for evaulation	97	1,866	1,963
Closed employed	75	302	377
Closed unemployable	4	204	208
Closed other	33	554	587

PENDING SERVICES

	This month	Last month
Center active	139	131
In training	179	174
Waiting placement or training	163	166
Services interrupted	95	88
Presently employed (prior to closure)	155	189
Receiving intermediate services, discharged	60	58
Referrals pending admission	188	161

DEPARTMENTAL SERVICES

	This month	Total cumulative
Completed comprehensive evaluation	17	1,187
Training	27	387
Entered employment	45	763
Received social services	[1] 259	[1] 2,897
Received vocational counseling	[1] 91	[1] 2,020
Received medical services	126	1,464
Received job placement services	28	702
Received psychological services	95	1,410
Received TOWER evaluation	76	1,388
Received work adjustment training	94	1,710
Received services arranged through other agencies	51	1,060
Received special-remedial education	47	1,047

[1] Includes some individuals not admitted.

EXHIBIT 6

REVIEW OF 273 CLOSED EMPLOYED CASES, DECEMBER 1966 THROUGH JANUARY 31, 1968

(Consolidated by Donnie D. Brown, Assistant Administrator, AEESC)

The data presented in this report were obtained by reviewing 273 closed employed cases by the Atlanta Employment Evaluation and Service Center from December 1966 through January 31, 1968. The review was made by only two individuals, thus reducing the margin of error to a high degree.

The purpose of this review was to ascertain what degree of success the clients from the major referral sources were having after being serviced by AEESC. The following information was obtained from each case:

(1) Number referred by major agency
(2) Percentage of total referrals
(3) Income at acceptance by week
(4) Public assistance received at acceptance by week
(5) Income at closure by week

It should be noted that the Welfare Department has a higher percentage of referrals that lead to closures. It was difficult to ascertain the exact number of Welfare clients who were served by the other three referral agencies. For example, Vocational Rehabilitation, Labor, and Neighborhood Service Centers might have referred more Welfare connected clients than was observed.

It should also be observed that item number five above reveals an average income of $54.94 per week. The chart on page two is self-explanatory.

The raw data for this study are on file with the Director of the Center—S. Cantey Gordon, Jr.

BREAKDOWN OF CLOSED EMPLOYED CASES—1ST 273 CASES CLOSED EMPLOYED (EMPLOYED 6 MONTHS OR MORE)

Agency	Number referred	Percent	Total income at acceptance (weekly)	Total income at closure (weekly)	Public assistance received at acceptance (weekly)
Welfare	98	36	$430.59	[1] $4,585.07	$1,536.04
Labor	46	18	172.25	[2] 2,976.35	219.45
Vocational rehabilitation	64	23	24.00	[3] 4,286.75	543.07
Neighborhood service center (EOA)	65	23	167.80	[4] 3,150.74	296.25
Total	273	100	794.64	14,998.91	2,594.81
Total annually	273	----------	41,311.92	779,943.32	134,929.12

[1] $46.78 average.
[2] $64.70 average.
[3] $66.98 average.
[4] $48.47 average.

EXHIBIT 7

REVIEW OF A RANDOM SAMPLING OF CASES CLOSED EMPLOYED, JANUARY 1968

(Prepared by Robert B. Phillips, Research Associate, State Facility Planning)

The data presented in this report were obtained by reviewing a random sampling of 256 cases reported as "closed employed" by The Atlanta Employment Evaluation and Service Center on December 31, 1967. The case numbers of all cases "closed employed" were obtained from the monthly reports of the Center Counselors and each fifth case (N=50), or 20% of those closed employed, was selected for review. Those cases selected are identified in the Appendix.

The purpose of this review was to determine certain facts pertaining to the placement in employment of clients who were referred to AEESC, evaluated, placed in employment, and consequently "closed employed".

The following information was obtained on each case:

1. Case number
2. Center Team serving the case
3. Primary past work experience
4. Work experience during six months preceding referral to AEESC
5. Previous salary or salaries
6. Date of discharge
7. Type of first employment after discharge from AEESC
8. Placement agent for first employment after discharge
9. Type of employment at closure
10. Placement agent for employment closure
11. Salary at closure
12. Evaluation recommendations for employment

REVIEW AND TABULATION OF DATA

1. Salaries at closure

	Per week
Range	$30.00 to $150.00
Average	59.87
Midpoint	53.00
Most frequent (6)	40.00

2. Work History

	Percent
No previous work history other than summer employment while in school (10)	20
Did not work during the 6 months preceding referral to AEESC (33)	66
Did work during the 6 months preceding referral to AEESC (17)	34

The previous salary or salaries was given in only 5 of the 50 cases and the average was $41.60.

3. Dates of Discharge

January–June 1966	3
July–December 1966	19
January–June 1967	22
July–December 1967	6

TABLE 1.—IN REGARDS TO INITIAL PLACEMENT AFTER DISCHARGE

Placed by—	Number placed	Number placed in keeping with center recommendations	Percentage placed	Percentage placed in keeping with center recommendations
Self-placement	13	8	26	16
Referral agent	6	5	12	10
Center counselor	11	11	22	22
GSES unit at AEESC	20	16	40	32
Total	50	40	100	80

APPENDIX

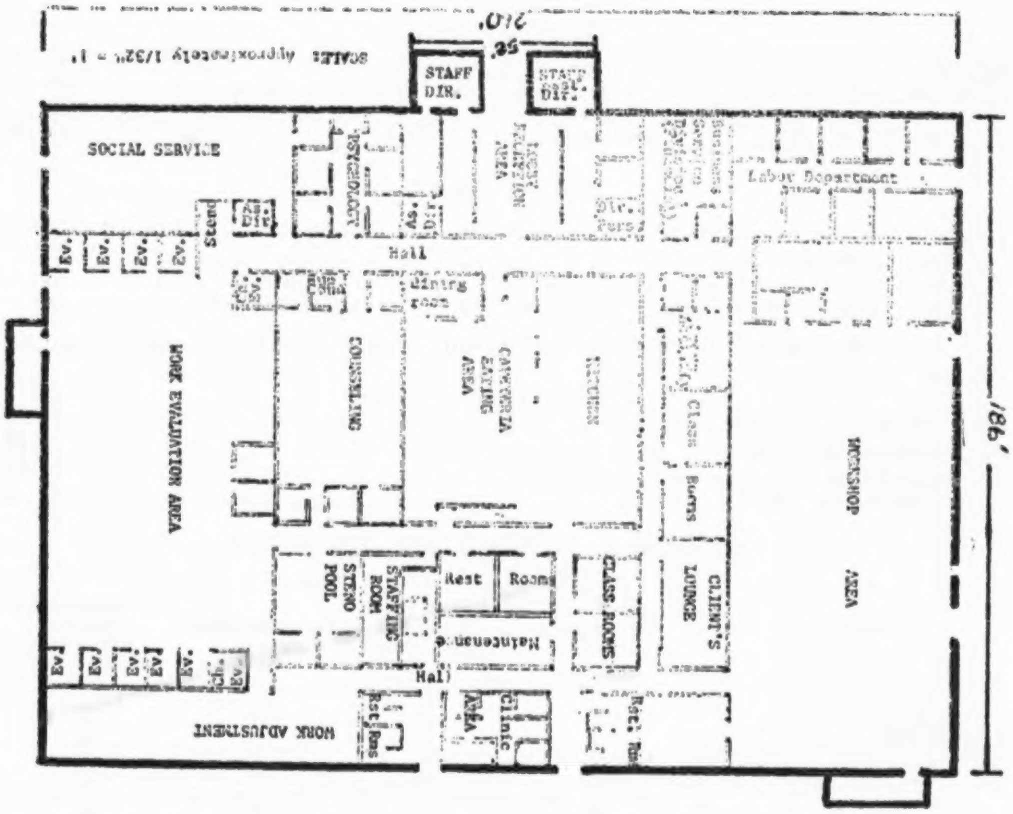
"CLOSED EMPLOYED" CASES SELECTED FOR REVIEW[1] (N-50)

1–0012
1–0058
1–0211
1–0498
1–2060
2–0115
2–0459
2–1043
3–0020
3–0239
3–0790
4–0018
4–0049
4–0181
4–0688
4–1139
4–1827
5–0130
5–0282
5–0462
5–0843
5–1117
5–1992
6–0135
6–0158
6–0279
6–0629
6–0726
6–1575
6–2183
7–0135
7–0241
7–0367
7–0620
8–0237
8–0479
8–0700
8–1292
9–0553
9–0696
9–0933
9–1144
10–1073
10–1961
11–1486
11–2383
12–1596
12–1612
12–1832
12–2072

---

[1] The first number identifies the Center Counselor or Team who served that case and the last four numbers identify the case itself according to center case numbers.

EXHIBIT 8


210'
SCALE: Approximately 1/32" = 1'
STAFF DIR.
STAFF DIR.
SOCIAL SERVICE
PSYCHOLOGY
Labor Department
Hall
Ev.
Steno
COUNSELING
CAFETERIA EATING AREA
KITCHEN
Dining room
Class Rooms
WORK EVALUATION AREA
WORKSHOP AREA
186'
STENO POOL
STAFFING ROOM
Rest Rooms
CLASS ROOMS
CLIENT'S LOUNGE
Maintenance
Hall
Rst Rms
AREA
Clinic
WORK ADJUSTMENT

Mr. NOLAN. Mr. Chairman, I am appreciative of the opportunity to discuss with you a very special program we have in Atlanta, Ga., which closely parallels the section in your bill, vocational evaluation and work adjustment. In addition to my duties as director of facilities and workshops I also serve as a member of the National Policy and Performance Council and as a member of the Governmental Activities Committee of the Association of Rehabilitation Centers and these give me an opportunity to see how things tie in with some of the national needs.

We have been fortunate in Atlanta to be able to develop a highly experimental research-type program designed to work with all of our social agencies of that city in evaluating people from the hardcore areas of culturally and socially deprived, in order to bring to bear the necessary services at the proper time.

These people come from groups that have not been employed, that are not employed. By and large over half the people have not worked in the past 6 months when we see them and those that have worked have had menial and usually temporary jobs. We brought together a community of rehabilitation services. I call it in the prepared paper a shopping center for rehabilitation services, where we have all the services available, psychiatric, medical, educational.

Let me elaborate a bit on the education because we have found this to be a tremendous motivating factor to these people.

Ninety-eight people have high school diplomas today that did not have them when they came. Many of those people couldn't read at an eighth grade level when they came to us. With some very expert tutoring we brought those people forward at the same time, helping them find a place in the working world.

Mr. DANIELS. Is this educational program administered by the local board of education or did you have your own private tutors?

Mr. NOLAN. I almost say both, the teachers are on the payroll of the local board of education and through a cooperative arrangement they are under the administrative control of that center while they are there, so we are working very closely. This is true of the employment specialists, too, for instance, and of some welfare people.

It has been a complex composite of services that has really worked and brought us together in a meaningful way. Then the evaluation program is somewhat the heart of what we have. Here we bring services together that pretty well show the potential skills and abilities of an individual.

Our adjustment workshop is somewhat unique in that it goes another step in motivation and enables us to really help people to find their place in the accepted values of today's society and the work situation. Many of these people when they come to us really have no appreciation of work.

Perhaps some of them don't have when they leave, but many of them do, many of them change their behavioral patterns and do get joy from contributing in the work world.

So here we have together in one place counseling which represents the vocational rehabilitation agencies, social work which represents the welfare department, job placement which represents the labor department, teacher training which represents schools, and a workshop which represents industry. This under a single leadership is actually producing results for your constituents.

We take the people as they come. This is envisioned, I believe, in your bill, Mr. Chairman. There are no artificial barriers. If they are between 16 and 65 and have an intelligence quotient above 50, they can be admitted. Some of the people we would like to have admitted don't come for a variety of reasons, but most of them do.

I would like to point to the nearly 2,000 people we have admitted to this center to date—1963 of these, and I am on page 8 of my 11 pages so I am almost finished.

One hundred and thirty-nine of those people are now in the process of the program at the center; 179 are in training somewhere else; 163 are awaiting placement or training; and 60 are receiving intermediary services such as physical restoration. So 541 of those people are at some point still in a program.

Ninety-five of them have had their services interrupted, and 532 of them are today working. Three hundred and seventy-seven have been at work 6 months or longer on the same job, and 155 of them we are still following.

We have closed for other reasons, 587, and closed as unemployable, sometimes this is a valuable finding, 208.

So, over half the people that have been admitted either are at work or we at least have some good expectations that they will work. We took a look at those people that are at work just to be sure we were not fooling ourselves, of the first 255 people that stayed on the job 6 months we found that 51 percent of that group were in the chronically unemployed group. That is, they had not worked in 6 months prior to coming to us.

Again, I remind you that those that had worked usually had had unsubstantial work.

These things indicate to us that this does work reasonably well. We have filed with you letters from Atlanta community agencies and letters from the chairman of one of the subcommittees of the National Citizens Advisory Council to vocational rehabilitation.

We believe that this approach has been proven to work in Atlanta; it has been a dynamic and moving and sometimes disturbing experience to us and some of the agencies to break down our own rules an do whatever is necessary for these people. We believe that this is one good way of moving people out of the hardcore poor and the disadvantaged groups and the chronically unemployed and putting them in that group of society that works, that provides for a family, and that pays taxes.

We sincerely hope that you will see fit to advance this approach by including this in the law as it is envisoned in your bill.

Mr. **Daniels.** Have you completed your testimony, Mr. Nolan?

Mr. **Nolan.** Yes.

Mr. **Daniels.** Mr. Nolan, this program operates under the auspices of what particular State agency?

Mr. **Nolan.** The State vocational rehabilitation agency, sir.

Mr. **Daniels.** And you commented at the beginning of your testimony that you corralled all the services of local agencies, that is, the welfare department, your labor department, your schools, and so forth.

Now, could you tell us something about your recruitment program for your trainees?

Mr. **Nolan.** They come from social agencies throughout the community, largely from about four main ones, vocational rehabilitation counselors, of course, refer a number of cases. The welfare department has referred nearly a third of the people. The labor department about 10 to 15 percent.

Mr. **Daniels.** When you refer to the labor department——

Mr. **Nolan.** The employment service, primarily.

Mr. **Daniels.** Does this involve workmen's compensation?

Mr. **Nolan.** Not much workmen's compensation. These people generally have not been involved that much in work. We get a good many from the neighborhood centers of the poverty program, something like 30 percent have come from this area, and then a sprinkling from perhaps a hundred different social agencies.

Mr. **Daniels.** When was this program initiated?

Mr. **Nolan.** We took our first clients in 1966 and, of course, have built gradually to where we are today, about 2½ years operation.

Mr. **Daniels.** What major problems or difficulties have you encountered in this program, if any?

Mr. **Nolan.** Well, we have encountered some.

In terms of service to the individual clients, perhaps the major ones have been in the area of followup. We have learned that we need to follow very closely these people as they go into employment and that if you don't, we lose them or they lose their jobs and this sort of thing.

We have shored up this part of the program. It is working much better. In fact, it is working extremely well at this time.

Mr. **Daniels**. So you have incorporated this followup services as part of this program?

Mr. **Nolan**. Yes, sir. And we find it extremely valuable.

Then another area——

Mr. **Daniels**. What has your experience been with the followup program? Why do you deem it so important?

Mr. **Nolan**. We were finding that a good many of the people as they left us, even though maybe they went into one job, didn't stay, and we checked back 6 weeks later and they had been doing nothing for 4 weeks of the 6.

Now we don't wait 6 weeks; we stay right on top of it until we are reasonably sure that the person is stable in employment. As a result, we are seeing an upswing in our figures. Some of this is in our graphs. These graphs show how they have stayed at work better since we have been following them.

Actually we have gone back and picked up a good many of the people who did not complete the program, who dropped out. We have been able to place a good many of them. We find them and take them by the hand to a job placement or job opening. This is very essential, we believe.

We also found that we needed some training at a very low level and I use that word because of lack of a better phrase, people who had little education and couldn't profit by a great deal of formal training. We are just beginning to get something going in this area. We anticipate a grant, a training services grant of this rehabilitation act we have been talking about. This will help this tremendously.

Then, of course, one of the big problems early is the acceptance of agencies of this kind of program because it presents some threat to the status quo of an agency dealing with its clients. This begins to fall in place as people get back to work, though.

Mr. **Daniels**. On page 8 you give a breakdown of your 1963 clients which were admitted to this center for rehabilitation and I note that you closed out 208 cases as unemployable. What happened in those cases where you have determined they are unemployable, do you find that they are hopeless of rehabilitation?

Mr. **Nolan**. At this point that is our judgment, and this is a judgment we make very carefully because it is tragic to put people on a scrap heap and in some instances this may be what we are doing, so we are very careful about this. Most of these people, of course, will end up on the totally and permanently disabled program of the welfare department or of Social Security, and we do get some of the Social Security referrals. These are probably referrals that have the best work history.

Mr. **Daniels**. A further breakdown of that figure would be quite interesting as to why they are unemployable.

Mr. **Nolan**. It would, and I am sorry I don't have a further breakdown with me. I can furnish you with some further figures.

Mr. **Daniels**. I think it would be quite useful. Also I notice you closed out 587 other cases.

Now, in closing those cases out did you just drop these cases and exclude them from all further rehabilitation consideration?

Mr. **Nolan.** These people went back to the referral agencies that sent them in the first place. At this point it was felt that the kind of services that we had to offer in this center were not applicable to these people.

This often represents people that we were unable to motivate. Actually in many, many instances when people come to us, the referring agency tells us that this person is likely to be uncooperative, and this is true in many of these instances.

We are getting the people that have not been successful, so this represents in some respect our failures to deal with this kind of situation and we are still failing in many instances with people when we try to put them back to work, but many of them do receive additional services from the agency that originated the referral.

Mr. **Daniels.** I note that those categories represented 865 clients in 1963 that you were handling.

Could you give us some idea of the cost of the operation of this facility?

Mr. **Nolan.** Yes, sir, and I notice that our figures parallel, that is in the way they are distributed, the Wood County project that was referred to earlier. The costs tend to be higher at the beginning because of the establishment figure, and this is a facility, of course.

In the first 27 months' operation the total cost was about $2.2 million. Today this is operating at about $85,000 to $90,000 per month on a budget basis capable of handling almost 200 clients on any given day.

It is very difficult to make comparisons as to the cost per person rehabilitated or put back to work because in this short period of time, it is difficult to deduct out the developmental costs, the establishment costs. We have a half-million dollars worth of capital improvement that is sitting there today being used.

We believe that with our continuing experience with about a budget of about $1.2 million a year, we will be able to handle 300 clients on any given day which should come out with 1,500 or 2,000 people rehabilitated per year. We are not anticipating anything like the high ratio of rehabilitations per admission that we have in the regular rehabilitation program.

Mr. **Daniels.** What Federal funds, if any, do you receive for this program?

Mr. **Nolan.** Well, it has been all Federal funds. This has been operated under contractual agreement with the poverty program.

Mr. **Daniels.** With the poverty program?

Mr. **Nolan.** Yes, sir.

Mr. **Daniels.** You have had no dealings with the HEW Washington people?

Mr. **Nolan.** Since the State vocational rehabilitation agency is actually administering this, HEW is very, very aware of what has been going on and we have been in discussions with them about some continuing projects.

The State agency acted as a contracting agent in this instance on the other end; that is, they were the ones that accepted the contract to operate. The community came to the agency in this instance feeling that the agency had the most experience in this type of operation and asked the agency to operate this kind of facility.

Mr. **Daniels.** Where did most of your clients come from, from the city of Atlanta?

Mr. **Nolan.** Entirely from the city of Atlanta, by definition they had to come from the metropolitan area of Atlanta.

Mr. **Daniels.** What could you furnish the committee with respect to any reduction in the relief rolls?

Mr. **Nolan.** I believe our attachment gets this this, Mr. Chairman, I am not sure it is exactly what you are asking.

We have labeled it exhibit 6.

Mr. **Daniels.** Mr. Towne, in describing the Wood County project to this committee, made note of the fact that there is considerable depreciation in the number of clients on their relief rolls and I was wondering if you had that same experience in Atlanta, Ga.

Mr. **Nolan.** We have not approached our statistical base in exactly the same way that Mr. Towne has, although we show 273 people here who early in the program had been employed- 98 of those that were on relief when they came to us, several others were, too.

My statistics are not arranged in exactly the same form that you asked your question.

Mr. **Daniels.** But a number of those clients that you have rehabilitated and who have gone to work are no longer on the relief rolls, I presume?

Mr. **Nolan.** Sure, this is true; yes, sir.

Mr. **Daniels.** Well, thank you for your testimony, Mr. Nolan. It is very enlightening and certainly most helpful to this committee.

The subcommittee will stand adjourned until 10 o'clock tomorrow morning.

(Whereupon, at 12:20 p.m., the subcommittee adjourned, to reconvene at 10 a.m., Wednesday, April 3, in room 2257, Rayburn House Office Building.)

VOCATIONAL REHABILITATION ACT AMENDMENTS OF 1968

WEDNESDAY, APRIL 3, 1968

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 10:10 a.m., pursuant to recess, in room 2257, Rayburn House Office Building, Hon. Dominick V. Daniels (chairman of the subcommittee) presiding.

Present: Representatives Perkins, chairman, Committee on Education and Labor, Daniels, and Pollock.

Also present: Daniel H. Krivit, subcommittee counsel.

Mr. Daniels. The Select Subcommittee on Education will now come to order.

This morning we continue with the hearings to amend the Vocational Rehabilitation Act to extend the authorization of grants to States for rehabilitation services, to broaden the scope of goods and services available under the act for the handicapped, and for other purposes.

Our first witness this morning is Dr. Elizabeth Boggs, chairman of the Committee on Governmental Affairs, National Association for Retarded Children.

Dr. Boggs, it is a pleasure to welcome you back before this committee. I know of your testimony in previous hearings on this subject matter and how knowledgeable you are on this subject, and I am pleased to welcome you from the Garden State, which is my home State.

Dr. Boggs. And mine.

Mr. Daniels. It is a pleasure to see you.

The Chairman. I wish to join with my distinguished colleague in complimenting you. You have done a great service for the entire Nation working in this field. I feel that everybody that knows anything about your good work certainly appreciates you as a great humanitarian.

STATEMENT OF DR. ELIZABETH BOGGS, CHAIRMAN, COMMITTEE ON GOVERNMENTAL AFFAIRS, NATIONAL ASSOCIATION FOR RETARDED CHILDREN

Dr. Boggs. I thank you very much. We have found that one of our most pleasant experiences is to come before a committee which is so understanding and so knowledgeable as this committee is about the problems of the handicapped. We appreciate what Mr. Daniels did last year and what we are sure the committee will do this year. You, Mr. Perkins, of course, have led the entire Education Committee in many of its endeavors which have affected our endeavors, not only rehabilitation but in education and other areas as well.

Mr. Daniels. I want to thank you for your confidence.

Dr. Boggs. Mr. Chairman, you and a number of your distinguished colleagues have introduced a fine bill, and that, in our minds shows good intention.

I am representing the National Association for Retarded Children, and I will not take up your time telling you what an important and widespread organization we are, although I have included the necessary data of identification in our statement, which perhaps could be entered in the record.

Mr. Daniels. Excuse me, Dr. Boggs, without objection your full statement will be incorporated in the record at this point.

Dr. Boggs. Thank you sir.

(Statement follows:)

Prepared Statement by Elizabeth M. Boggs, Chairman, Committee on Governmental Affairs, National Association for Retarded Children

INTRODUCTION

Mr. Chairman and members of the Select Education Subcommittee, the National Association for Retarded Children is happy to have the opportunity to express its support for extension and improvement of the Vocational Rehabilitation Act.

NARC is a national voluntary organization committed to promote the well-being of mentally retarded persons of all ages, with all degrees of disability, and from all segments of our society. Our Association has a paid, listed membership of some 120,000 people, residing in all 50 states and on overseas military posts. Many thousands of our own hard won dollars are spent each year to promote opportunities for mentally retarded youth and adults to engage in appropriate, useful and satisfying work.

IMPEDIMENTS TO FULL APPLICATION OF REHAB PROGRAM TO THE RETARDED

The State-Federal vocational rehabilitation program is nearly half a century old. It is only during the last half of this period, however—since 1943, that the mentally disabled have been eligible to participate in its benefits. From a practical point of view this participation has assumed significant proportions only in the last decade. Between 1963 and 1967 there was a threefold increase in the number of retarded persons rehabilitated. But there are still many more to be served.

There are reason why it took so long to translate the enabling legislation of 1943 into practical consequences, and these reasons are relevant to our discussion today.

Even after 1943, the structure of services authorized under the act was addressed to the problems of physical handicap and was not well adapted to needs of mentally retarded. It has been assumed, for example, that we could and can accurately predetermine a person's potential for employment. It was also assumed in the past that a few months are adequate to rehabilitate a handicapped adult. These assumptions are not valid for the severely handicapped generally, and they are certainly not valid for the majority of mentally retarded clients. It was not until the passage of Public Law 89–333, the Vocational Rehabilitation Amendments of 1965, that the language of the Act was sufficiently cleansed of the overtones of these misconceptions. There remain, however, other vestiges of the narrower thinking of earlier times which still stand in the way of bringing the most effective services to all who could benefit thereby.

Some of these impediments are in the Chairman's excellent bill, H.R. 15287, as well as in H.R. 16134. There are additional modifications which we would like to propose as timely. These modifications would permit the most effective use of whatever appropriations may be possible in the next few years. They do not call for substantial additional outlay at the present time.

COMMENDABLE ADVANCES IN PENDING BILLS

In the light of the foregoing rationale, we particularly commend the following new proposed provisions as contained in HR 15827 and/or HR 16134.

1. The possibility of waiver of the "sole agency" requirement so as to permit joint programming with other agencies.
2. Requirement for continuing statewide studies of needs.
3. The broadened definition of rehabilitation services, especially the inclusion of follow-up services and services to families.
4. Authorization for use of section 2 funds for construction, within the requirements of the state plans.
5. Provision for comprehensive evaluation services to disabled youth before they leave school.

ADDITIONAL RECOMMENDATIONS

We recommend the following further changes. These are consistent with the concepts already introduced, and with our current knowledge of the needs of many handicapped persons, particularly those with intellectual handicaps.

1. *Defining "handicapped individual" to cover the handicapped employee.*—One of the out-moded ideas is still reflected in the language of the act is the idea that "vocational rehabilitation services" are limited to things done to or for the individual prior to his entering or reentering employment. This concept leads to premature "closure" in many cases. We now know that if our services to the individual are to have full effect, we must also address ourselves to his work situation. Counselling with the employer thus becomes a legitimate part of "vocational rehabilitation services", as do follow-up services after the handicapped individual has become employed. In keeping with this approach, we recommend amendment of section 11–(b) defining "handicapped individual" as follows:

> The term "handicapped individual" means any individual who is under a physical or mental disability which constitutes a substantial handicap to employment, but which is of such a nature that vocational rehabilitation services may reasonably be expected to *enable* [render] him [fit] to engage in a gainful occupation;

We believe such a change will emphasize the importance of *maintaining* handicapped people in employment and will, as a secondary benefit, make vocational rehabilitation counselors more aware of the reasons why some placements fail.

2. *Stabilizing operations in workshops and other rehabilitation facilities.*—A workshop is defined as being "operated for the primary purpose of providing gainful employment to the severely handicapped who cannot be readily absorbed in the competitive labor market". Much was done in the 1965 amendments to promote the establishment of new workshops and the upgrading of existing workshops. Insufficient attention was given to the basic reasons why so many workshops in this country have been unable to maintain a high level of service and performance. The reason is unstable financing. After the initial full-funding for "establishment", workshops have to subsist primarily on receipt of fees-for-service to each client. Without going into details I can assure the committee that these fees are all too frequently unreliable and insufficient as a source of funding for the small workshop. If the funds now used for this purpose by state agencies were to be redirected toward block grants in support of an approved budget for the workshop, a more healthy growth could be expected. There is plenty of precedent for this approach, which has been used by many states in developing community mental health services.

In order to emphasize for state agencies that this is an option open to them, we would recommend that section 2(a)(8) be amended to insert the words "and maintenance" after the word "establishment". The item would then make clear that the establishment and maintenance of public and other non-profit rehabilitation facilities and workshops to provide services for handicapped individuals is an activity properly includable as a "vocational rehabilitation service".

3. *Availability of project grants for initiating workshop services.*—Prior to 1965 section 3(a)(2) permitted the secretary to make project grants for the establishment of new workshops under the heading of "extension and improvement." As indicated above workshops are, in general, designed for severely handicapped individuals. In 1965 the language of section 3(a)(2) was broadened and subsection (B) now authorizes projects which "are especially designed for development of, or provision for, new or expanded vocational rehabilitation services

for groups of handicapped individuals having disabilities which are catastrophic or particularly severe." It would appear to us that this language certainly can encompass the prior more limited objectives, but we are informed that the legislative history precludes this interpretation. It would be helpful if the committee in its report could indicate the intention that projects for the establishment of a workshop in a community not now adequately served should be considered to be "an innovation" for the purposes of this section. It will be noted that under existing languages no such project could be approved in future without the concurrence of the state vocational rehabilitation agency, a reasonable provision.

SERVICES TO DISABLED YOUTH

We regard the proposed emphasis on comprehensive evaluation for disabled youth, as a limited and partial response to a need which has been apparent to our association for several years now.

The majority of disabled civilians under 35 years of age owe their disability to a handicap which developed in the preschool years. Whether they actually attend school or not, these individuals inevitably experience the need for reevaluation and redirection of life planning in late adolescent or early adulthood. They may be eligible for vocational rehabilitation services, following which they may enter competitive employment, sheltered employment, or no employment. They may be deemed ineligible for vocational rehabilitation services and yet later become employable.

If not employable they may become eligible for disability assistance at age 18. Childhood disability benefits under Social Security may also become an issue at that time or later.

Evaluation procedures for the handicapped in this age group are still too often fragmented and still more likely to be oriented to agency needs rather than client needs. Rightly handled the proposed new Section 19 can be the beginning of more affective programming for these young people. We hope that SRS will insist that these projects create cohesive, expert, multi-disciplinary evaluation services and that a constructive plan to optimize post school occupational, personal and social adjustment will be developed for and with each disabled youth regardless of whether he becomes a candidate for vocational rehabilitation services.

PRESIDENT'S COMMITTEE ON EMPLOYMENT OF THE HANDICAPPED

We also endorse HJR 811, and, in addition respectfully draw the committee's attention to the Ribicoff Resolution, SJR, 44, already passed in the Senate, which would update "National Employ the Physically Handicapped Week" by dropping out the word *physically*.

We deeply appreciate the interest of all the sponsors of HR 15827 in the well being of our handicapped citizens and also the privilege of appearing before you today. Thank you.

Dr. BOGGS. The mentally retarded have come relatively lately on the scene in rehabilitation, which was initially a program for the physically handicapped and it has taken some years for us to adapt the structure and procedures and methods and legislation for rehabilitation to make it most effective for the mentally retarded. Indeed, we are still somewhat in that process.

So, we are delighted today to endorse the legislation introduced by the chairman and to speak particularly to several of the points that we think will be of most help in advancing the rehabilitation of the mentally retarded.

We think, for example, that the possibility of waving the "sole agency" requirement in such a way as to permit the State agencies to join with other agencies in programing for the handicapped on a collaborative rather than a dominant partnership relationship can have some quite important consequences in our field.

We also think that the broadened definition of rehabilitation services, which is proposed, is quite important, especially the point about inclusion of followup services and services to families.

We have found that the old pattern of rehabilitation which considered a case closed once you had got the employer to put the man on the payroll is an unfair and inefficient approach. The handicapped person doesn't really stop being handicapped at the moment he becomes employed. Although the definition of "handicapped individual" that we have in this legislation implies that. In that sense this definition might be said to be contrary to the public's conception of what is meant by a "handicapped individual."

The definition states that a handicapped individual is one who may be made fit for gainful employment, and implies that as soon as he has obtained gainful employment, he is no longer handicapped.

We would suggest that along with adding the concept of followup services, which the handicapped person really does need, that we should make it clear that a person who has been rehabilitated to the point of obtaining employment may still need additional services from the rehabilitation agency and should still be considered a client.

I think this is an important concept to which the chairman's bill opens the way. We should emphasize it in all the language of the bill.

We are also very much concerned with the development of the system of sheltered workshops in the soundest possible way.

Now, the 1965 amendments addressed themselves to this problem through the workshop improvement grant program and the setting of standards for performance. All these were desirable steps. However, in our experience these efforts did not address themselves to a basic cause of inadequacy in the workshops and that's the inadequacy of their basic funding, their ability to budget in a sensible, economical and dependable way.

This has not been properly handled in the past, because in most States the primary source of income for the workshop is a payment on a fee-per-person basis for a given period of time for a client who has been referred by the rehabilitation agency.

In large workshops or workshops which are primarily serving the most capable handicapped, it may be possible, once things are launched, to anticipate income in an adequate way, but in many of the smaller communities, where workshops are not as large, or where the clients may be more handicapped, and consequently take longer to rehabilitate, the unreliability of this method of funding has become manifest, because the fluctuations in the client load are often not controlled by the workshop but by the rehabilitation agency. If Rehab loses a counselor and is not able to process clients, the workshop experiences a fluctuation of income. But it has regular salaries and overhead to meet which do not vary with the number of clients that happen to be enrolled at any particular moment.

We foresee that it will be necessary at some future time to approach this problem directly and squarely. This is probably not the year, because in order to do this really correctly we will have to have some increased funding. But in the meantime, it would be desirable if the States could be encouraged to change their methods of supporting workshops through supporting clients. We should try approaching the matter through sharing an approved budget rather than merely on the fee-per-client basis. It was for that reason that NARC is suggesting a change in language in the definition of "rehabilitation services." In the section dealing with establishment of workshops, some language might be introduced which makes it clear to the State that these alternative methods of using the funds that they have (or that will be appropriated) in the most efficient manner would be permissible.

You may be told that it would be possible under existing language, and you would be right in a certain sense, but I will tell you that what our very enlightened Rehabilitation Service Administration may agree is all right if the State wants to do it is not necessarily what the State agencies see as the Federal rule.

They are sometimes inclined to think that the Federal Government prevents them from doing things and, therefore, it is particularly important, we feel, for the law to be phrased in such a way that it cannot be used against a constructive idea by local or State officials who say: "But the Federal Government won't let us do this." Let it be clear that the Federal Government wants it done in the most efficient way.

Those are the main points, but there is one other which I would like to mention to you. This has to do with what is allowable under section 3. Section 3 of the act is a project grant authority which has quite a long history and is for the purpose of generating new services. It is administered in Washington, with the approval of the State agencies and on the basis of an allotment of funds among the States.

It has been used in the past to start many desirable undertakings. It was revised in 1965, given a new title so that instead of "extension and improvement" the title became "innovation." It contains language which seems to us to be quite broad, but which has been interpreted not to cover some of the things that we would like to see it cover.

The section 3(a)(2)(b) now authorizes projects which:

> Are especially designed for development of or provision for new or expanded vocational rehabilitation services for groups of handicapped individuals having disabilities which are catastrophic or particularly severe.

This would seem to cover the initiation of services, such as workshops, for the severely handicapped in localities which do not now have them. Workshops were permitted to be established under this section prior to the 1965 amendment. But apparently the legislative history of 1965 has been considered by the Administration to preclude the establishment under this section of new workshops in communities that now have none.

The reason that is given, which has logic on the face of it, is that it is now possible for the States to provide funds for establishing workshops under section 2.

Mr. **Daniels.** Dr. Boggs, are you recommending to the committee that the language of section 3 be broadened to provide for the establishment of workshops?

Dr. **Boggs.** Well, I wouldn't want to tell the committee how to do this——

Mr. **Daniels.** No, but you are here as a witness——

Dr. **Boggs.** What I am going to say is, we would like to restore the authority to secure project grants for the establishment of workshops under section 3, whether it is restored by adding language to the act or whether it is restored by your creating a legislative history which makes it appear that the present language does, indeed, cover this.

This, I think, is a matter for your discretion and either method would be satisfactory to us.

Mr. Daniels. Do you feel that it is necessary in view of the fact that it is authorized under section 2?

Dr. Boggs. I think that it would be well to indicate in some way that it is possible. The reason that we consider——

Mr. Daniels. Under section 3?

Dr. Boggs. Under section 3, yes.

The problem with section 2 is this: Section 2, after all, is the bread-and-butter money of the State and it must be matched by the State legislatures and it gets embroiled in the State legislative process. They naturally give priority to the on-going, year-in, year-out type of expense—the salaries of personnel and the purchase-of-service activity. It's harder to allow for a project which is just a one-time thing in that setup.

So that it seems that, in some States at least, it would be helpful if the State agency has the alternative, in essence, of deciding whether it is going to fund this kind of a project under section 2 or whether it should be included under the allotment for section 3.

The State agency will, after all, have some say about it. It will not be a question of undermining their responsibility for overall planning and decisionmaking.

Mr. Daniels. Counsel brings to my attention that it may raise a question as to whether or not you would include the intent of innovation under section 3.

Dr. Boggs. This is a question of what you mean by innovation. The guidelines that have gone out on this suggest that what it proposed has to be new in the entire State, but it has never been done in that State before.

Now, vocational rehabilitation services have to be brought to people where they are. This has not happened in New Jersey, but you know very well if the new thing was done in Cape May County, it is not going to help people in Hudson or Essex, and similarly in other States, a thing may have been done once in the western part of New York and not in the northern part and you need the innovation in the community where it is proposed to have it.

It is an innovation there, even though it may have been done somewhere else previously. This, I think, is the question on how one defines an innovation.

Mr. Daniels. However, you do find a new project to be fairly successful in accomplishing a good purpose, then is it not the function of the State Rehabilitation Commission to try to broaden its program for the acceptance of that new project?

Dr. Boggs. I couldn't agree more. I think that it is of the utmost importance that we get things spread around and that the State agency take responsibility in all aspects of the rehabilitation program. I am simply reporting to you that we have encountered some practical difficulties in bringing this about, even where the state agency is sympathetic.

This is simply reporting—as I said, it hasn't happened in New Jersey, but it has happened elsewhere, and this is why we have been asked to try to see if we couldn't make it easier to do what we all want to do and what the State wants to do as well.

This is an option which the State doesn't have to take up.

Finally, Mr. Chairman, I would like to speak briefly on the proposed services to disabled youth. We in the Association for the Retarded are acutely aware of the importance of a smooth transition from the school years, the growing years, to rehabilitation, to employment, and through the medium of rehabilitation, and we have been stressing the importance of getting a good interdigitation and some overlap in time between the school special education programs and the rehabilitation programs.

I think that it is unfortunately true that there are many adolescents who have remedial disabilities which have to be attended to before you get at the vocational side of their preparation and it would be important to stress the identification of these handicaps and the improvement of their physical health. We need to correct, say poor vision that hasn't been picked up, or hearing handicaps, which often complicate the problem of mental retardation and in some cases have been misdiagnosed, where mental retardation has been attributed or been considered more severe because the person had other kinds of handicaps that were interfering with his learning and his potential work adjustment. This proposition on disabled youth which came in from the Administration also seems to have merit.

Mr. DANIELS. Isn't the language of the act sufficiently broad enough at the present time to take care of disabled youth?

Dr. BOGGS. I think that it is. Again, it is a question of giving an emphasis to an area and it might very well be that if the intent to focus on this problem were made clear in connection with the section in your bill having to do with vocational adjustment, that this might serve the purpose.

We do see, however, a broader need even than that which is outlined in your bill, and that is the need to develop comprehensive evaluation programs for people in late adolescence and early adulthood which are not merely geared to getting them into a vocation, into work, but are geared to their total social and life space need with the idea of mustering for them the resources that the community has to offer. Quite frankly, it would be our hope that when the Social Rehabilitation Service has been able to get through its shakedown cruise—which is not over yet, I would say—they would address themselves to the problem of getting evaluation services for people who are disabled, whether they are candidates for rehabilitation, whether they are candidates for disability assistance, whether they are going on Social Security disability assistance, or whatever, or whether they are disabled and not applicants for any federally sponsored program, but need the services in the community to improve their functioning as human beings.

It is a broader concept of rehabilitation than we had in the past, but it is certainly one to which the Rehabilitation Service Administration was, we thought, dedicated last August.

Mr. DANIELS. Dr. Boggs, are you familiar with any projects in which schools and rehabilitation agencies work together?

Dr. BOGGS. Yes.

Mr. DANIELS. Would you be kind enough to describe them and how they function?

Dr. BOGGS. As a matter of fact, we have had one in the West Essex area of New Jersey involving some of the West Essex schools, East

Orange and Montclair, which was funded as a rehabilitation project. It was used to start a work-study program and to improve better secondary school preparation for these educable retarded. I think it is now completed and the work will now be carried on primarily as a a school function, but it was initiated by means of having extra personnel paid for under a rehabilitation project grant.

This happens to be one that I know something about.

Mr. DANIELS. How did it work out?

Dr. BOGGS. I think it has been excellent. It has taken hold in the sense that I mentioned, the schools have, I think, now changed their mode of operation as a result of the project and their continued activity is assured with funding under the heading of schooling rather than rehabilitation.

Mr. DANIELS. Under section 12, additional staffing of facilities is permitted for 4 years and 3 months. In H.R. 16134 an initial staffing of facilities construction under Section 2 would be limited to 2 years. We understand at the present time such staffing under section 2 is limited to 1 year.

Do you think it would be better in the initial staffing provisions of the two sections if they were identical?

Dr. BOGGS. Well, I would say that staffing for 1 year is too little in any case and that the extention to 2 years as proposed here I would certainly prefer, because our experience is that in the first year you really are not fully tooled up and the whole point here is to demonstrate to the community, there are two problems.

One is to demonstrate to the community what you can do, and it is difficult to become completely visible in 1 year, yet before the 1 year is up, you are already worrying about next year's funding.

The second point is that under our present method of securing the continued support through the method of purchase-of-service that I mentioned, you have to have a going operation before you can begin receiving any funding. The first year is often a tooling-up year and you may not be in operation at your full level at the end of 1 year.

Mr. DANIELS. Well, would you recommend a 2-year period or do you feel that 4 years and 3 months is a little long?

Dr. BOGGS. No. If you are suggesting that we ought to make the two the same and referring to the 4-year 3-month period that is associated with the so-called staffing provisions tied in with construction, I would think that that provision was by no means too long, and we have testified to the inadequacy of that formula as it appears in Public Law 88–164 which has to do with construction for the retarded.

I will say that the problems, the conditions which make that formula inadequate in the case of Public Law 88–164 are not quite germane to rehabilitation, but the idea of making these two provisions stretch out in the same manner is a sound one, which I would agree to.

I think what one has to consider, if I understand it, and I am not checking back here on the language, that there is one drawback. Under the so-called staffing amendment there is a mandatory stepdown in the sharing whereas the other proposal which has to do with the changing 1 year to 2 years would not necessarily mandate a decline, such a drastic decline in the second year's support.

I could imagine some circumstances under which one would be more desirable and other circumstances where the other would be more desirable.

Mr. **Daniels.** How do you feel about rehabilitation agencies closing cases? Do you feel that a person having been put to work that you should close your case out or should there be a followup?

Dr. **Boggs.** I think there should definitely be a followup. This emphasis on closures is partly a result of our having played the numbers game: you know the rehab agencies get brownie points for closures, so there is a certain predisposition (1) to accept the case which is most quickly rehabilitated to the exclusion of the more serious case, and (2), to say, "Raise the flag, we have succeeded," prematurely. Some of the people in the past who have dealt with the former clients of rehabiliation agencies are not so sure that that was such a success and should have been charged up that way, so I think that it would be desirable to encourage rehabilitation agencies to continue their services or to be available for service to the handicapped person for some time (and I am not specifying exactly the amount of time because it varies with the type of client). Certainly if the client leaves the job 3 months after he was engaged for a reason that has anything to do with his handicap, then that wasn't a true closure and we should followup and find out why, but we should also followup in a way that prevents this from happening if it is not necessary.

I knew of a mentally retarded client who quit his job without proper notice; he didn't know any better, because the pay he got at the end of the first week didn't add up to what he was told he would be paid, and nobody had bothered to explain to him about withholding taxes and all this sort of thing. He was mentally retarded and he couldn't understand those things unless it was explained, so he thought he had been done in and he just left.

Well, that shouldn't happen and some more intelligent person should have been there to help him over that hurdle.

Mr. **Daniels.** Finally I want to ask you the question: You spoke of special problems getting help to the retarded within vocational rehabilitation. There is now a Division of Mental Retardation in the Rehabilitation Services Administration brought over from the Public Health Service.

How do you think that will affect the program, Dr. Boggs?

Dr. **Boggs.** I want to say, first of all, that the vocational rehabilitation of the retarded has always been part of the total vocational rehabiliation program and we think that has been very appropriate and successful and we do not anticipate any change in that. The Division on Mental Retardation, however, has been and will, we hope in the future, be even more concerned with the broader concept of rehabilitation, the rehabilitation of people who are not candidates for vocational rehabilitation.

The transfer to the Rehabilitation Services Administration seems to us eminently appropriate and logical within the context of the creation of an agency which is going to be concerned with services to the handicapped as the public understands the definition of handicapped, and it would be our hope that the Division of Mental Retardation would be given the tools to perform for the retarded those services which are in addition to and supplementary to the Vocational Rehabilitation Services that are the responsibility of another division. These two Divisions should work in complement.

Thus far DMR has not been given the tools. It has come over and lost some money in the process and it is in a rather difficult position at the present time.

Mr. **Daniels.** Goodwill Industries is pretty well established in New Jersey and they have their workshops. I understand that in my hometown there is a workshop which aids the retarded primarily. Do you know anything about that workshop?

Dr. **Boggs.** I think you are probably referring to the Occupational Center of Hudson County, which has been in existence for some years now and is serving really a very severely handicapped clientele. Bill Mooney, the director, is a very dedicated individual and he has sought to maintain sheltered employment opportunities, extended employment opportunities for some retarded people who have no expectation of going into competitive employment. He has worked under circumstances which make it extermely difficult for him to maintain them in the shop. I think that this shop is a good example of the problems that we are facing in maintaining good programing and providing long-term employment opportunities for some people who can produce and contribute to the economy, but cannot do it in the competitive labor market.

It is a hard-working group there.

Mr. **Daniels.** You haven't testified to this, but I would like to get your reaction to this next question I will present you.

A great deal is being said about vocational evaluation and work adjustment services. Do you think this would be a fine addition to this program?

Dr. **Boggs.** Well, if I understand the proposal here, it is designed to get things closer to people and this seems to me a very useful idea. To be frank, it is hard for me to see why we cannot do this under the existing authority, but I think it is probably an area that needs to be focused on; when that is the case, it is often helpful to provide a special, identified channel through which funds can flow to that particular purpose and not be diverted to other purposes where people may be more comfortable.

Mr. **Daniels.** Dr. Boggs, I want to compliment you for your fine testimony here this morning. Please give some of our mutual friends my good wishes.

Dr. **Boggs.** I will be glad to.

Mr. **Daniels.** I want to compliment you once again for your services. You are doing a great job.

Dr. **Boggs.** Thank you very much.

Mr. **Daniels.** Our next witness is my colleague from the great State of Alaska, Congressman Howard Pollock, a freshman Congressman who has made, indeed, a great mark for himself as a first termer. Congressman Pollock, we welcome your appearance here this morning. I am sure you will have something worthwhile to add to the testimony of these hearings.

STATEMENT OF HON. HOWARD W. POLLOCK, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF ALASKA

Mr. POLLOCK. Thank you very much, Mr. Chairman.

I certainly appreciate your kind remarks. Mr. Chairman and members of the Select Subcommittee on Education, I appreciate the opportunity to present my views to you on the 1968 revisions to the Vocational Rehabilitation Act.

The vocational rehabilitation program has been a very successful program as you pointed out, Mr. Chairman, in your opening remarks last week. We in the State of Alaska are anxious to fully participate in this program and to provide the rehabilitation services intended by the Congress. My testimony will be limited to favoring an amendment to the act that I believe will assist Alaska and three other States to establish a workable program, where one really is not now possible.

Under section 2(a) of the Vocational Rehabilitation Act matching funds are distributed to the States by a formula using population and per capita income. This is adequate for most States since allotments are high enough to fund a basic program. In a few States, however, this is not the case. Low population and relatively high per capita income have made allotments to four States—Alaska, Delaware, Nevada, and Wyoming—too low to allow the establishment of the type of program intended under the act.

To correct this situation the four Congressmen from these States have proposed an amendment which would establish a minimum allotment under section 2(a) for each State, Guam and the Virgin Islands. This amendment has been introduced in bill form as H.R. 16178 by Mr. Baring, of Nevada, Mr. Harrison, of Wyoming, Mr. Roth, of Delaware, and myself. I am authorized by my fellow sponsors to speak for them and to respectfully request on behalf of our States that the provisions of H.R. 16178 be included in the measure that will be reported by this committee.

The bill provides that each State will receive not less than one-quarter of 1 percent of the amount being allotted except the minimum shall be half that rate in the case of Guam and the Virgin Islands. I should mention, Mr. Chairman, that that provision concerning Guam and the Virgin Islands is inserted because in the act Guam and the Virgin Islands are included in the definition of States and, therefore, they would have to be treated separately.

This means of improving the small States was suggested by the National Rehabilitation Association as the fairest way to correct the inequities caused by the present formula.

E. B. Whitten, the executive director of the National Rehabilitation Association covered the amendments on pages 24 and 25 of his testimony.

Mr. Chairman, with your permission I would like to quote briefly a portion of his statement as it pertains to the subject to which I am now addressing myself.

On the bottom of page 24 he indicated in the general topic of minimum allotments, and I quote:

> As indicated in another part of this testimony, Section 2 funds are allotted to the states on the basis of two factors—per-capita income squared and population. There is no minimum allotment. The formula for allotment and the fact

that there is minimum allotment works a hardship on a few states, particularly those with relatively high per-capita income and a low density of population.

For instance, of a total allotment of $4 million the allotment to Alaska for the 1968 fiscal year is only $356,955. It is evidently quite impractical to operate a comprehensive statewide program on this amount of support. We are, therefore, supporting an amendment which we understand has been introduced by Mr. Pollock of Alaska, which would provide that the allotment to a state be not less than one-fourth of 1 percent of the total amount allotted and that the allotment to Guam and the Virgin Islands be not less than one-eighth of 1 percent of the total allotted.

Mr. **Daniels.** Why is that distinction made, Guam and the Virgin Islands?

Mr. **Pollock.** Again, I address myself to the fact that in the definitions under the act Guam and the Virgin Islands are included in the general category of States and, therefore, I think if we did not do this, and addressed ourselves only to a minimum allotment for the States, then these areas might not be included under it and I think it's important that they be included.

Mr. **Daniels.** Why should they receive an equal share with the four small States that you speak of then?

Mr. **Pollock.** You mean, Mr. Chairman, an equal amount in proportion of the balance of the States?

Mr. **Daniels.** Yes.

Mr. **Pollock.** Well, I cannot address myself to the question directly because I am not sure what the per capita income is or the population.

Mr. **Daniels.** You say, "Low population and relatively high per capita income have made allotments to four States—Alaska, Delaware, Nevada, and Wyoming—too low to allow the establishment of the type of program intended under the act."

Why do you give a lesser sum of money to Guam and the Virgin Islands?

Mr. **Pollock.** Again, Mr. Chairman, I am not sure what the result would be if this were not included, but I include it because this was the recommendation of the Executive Director of the National Rehabilitation Association, Mr. E. B. Whitten. I presume from this that they would be treated better under the minimum allotment formula than they would otherwise.

Mr. **Daniels.** Mr. Whitten is here; would you care to comment upon that?

Mr. **Whitten.** Mr. Chairman, the reason a different portion is indicated for these two latter jurisdictions is that they do not feel—the amounts that would be allotted under one-fourth of 1 percent would be unrealistically high for these. It would be too much, in other words, for them, far too much in keeping with their need and the physical, shall we say, power of those jurisdictions to use the money.

This will have a result in an increase for both Guam and the Virgin Islands.

Mr. **Daniels.** Thank you.

Mr. **Pollock.** Mr. Chairman, the only remaining sentence of the quoted portion of Mr. Whitten's statement that I wanted to add was the sentence "that only the States which would be affected by this amendment are Alaska, Nevada, Wyoming, and Delaware."

The formula is inadequate for our four states for two reasons. First, it does not fairly reflect the ability of the State to raise funds. For example, Alaska has a high per capita income which under the formula means a smaller allotment. Yet, costs are also high in Alaska, a fact which is not reflected in the State's share.

Second, a minimum amount of money is necessary to construct the basic service structure regardless of how small the State is. Federal regulations require the State to furnish to each eligible individual needing rehabilitation services the following: counselling, training, maintenance during rehabilitation, physical restoration, and placement. The present formula, however, does not provide sufficient Federal participation to enable this to be done in Alaska.

The Alaska Office of Vocational Rehabilitation has furnished me with tables that illustrate this point. These tables are attached.

Mr. Chairman, I would like to take a moment to address myself to the information which is proffered in the tables.

Table 1 concerns funding proportions for vocational rehabilitation. Now, in the 50 States 61.7 percent of Federal funds are involved in the program, whereas in Alaska under the present program there is only 53.1 pecent. So you can see it is a disproportionate amount. And conversely, the average for the 50 States is 38.3 percent for State participation whereas in Alaska where we have a small population and many problems including cost problems, we have to put up 47 percent.

In table 2, which concerns expense categories for the vocational rehabilitation program, I think the comparison is even more startling.

(Tables follow:)

TABLE I

FUNDING PROPORTIONS
VOCATIONAL REHABILITATION

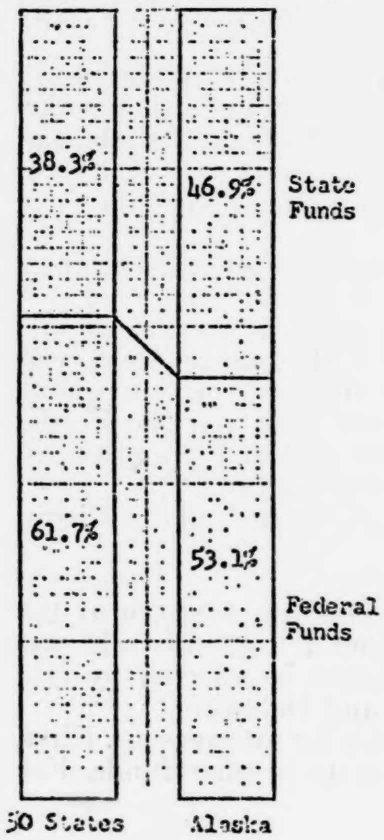
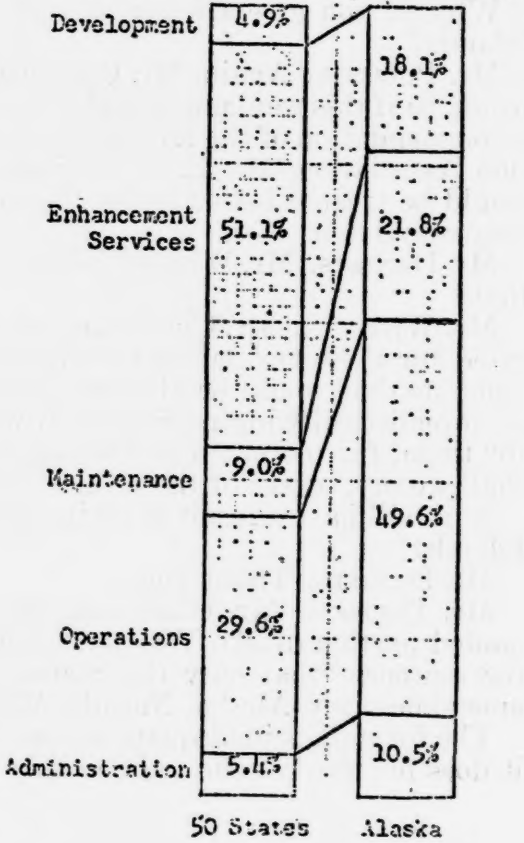


TABLE II

EXPENSE CATEGORIES
VOCATIONAL REHABILITATION



In the total United States the average for administration is 5.4 percent whereas it is double in Alaska, 10.5 percent. For the operations on the national average of 29.6 percent, we have 49.6 percent for Alaska.

So you can see that a great portion of our cost is going for the operations aspect, where 9 percent is the national average. In Alaska it is 21.8 percent. So these expenses are exorbitant in comparison with the national average. The enhancement services where most of the money should be spent, on the national average is 51.1 percent, whereas in Alaska we only have 18 percent left for this.

On the national average 4.9 is spent for development. We have no funds at all for this purpose.

Because Alaska has used up its Federal allotment, it must appropriate more State money to keep the program going as shown in table I. Yet the great proportion of the money must be used for basics as shown in table II. Over 80 percent, as you can see, is used for administration, operations, and maintenance while for the entire country less than 45 percent is so used.

Alaska has a large number of persons eligible for vocational rehabilitation. The State cannot provide anywhere near the required services under the present formula.

The following table illustrates that H.R. 16178 would accomplish for Alaska, Delaware, Nevada, and Wyoming the following. I might say this table is prepared upon the expected appropriation, not on the authorization, Mr. Chairman. So you can see that for the State of Alaska, the 1968 section 2 allotment was $356,955; the 1968 expansion grant allotment for Alaska was $164,942; with a total allotment of $532,897.

Now, under the proposed formula which we suggest of minimums of one-fourth of 1 percent, for fiscal 1969, the allotment would go from $532,897, including the expansion grant allotment, to $1,250,000, which is a substantial addition for us. But it is a very necessary addition to provide us with the basic necessities.

You can see that Nevada is the other State which was granted an expansion grant allotment.

(Table follows:)

State	1968 sec. 2 allotment	1968 expansion grant allotment	Total allotment	Allotment, ¼ of 1 percent, fiscal 1968
Alaska	$356,955	$164,942	$521,897	$1,000,000
Delaware	592,356		592,356	1,000,000
Nevada	480,551	225,920	706,471	1,000,000
Wyoming	694,709		694,709	1,000,000

The expansion grants were made last year by the Rehabilitation Services Administration to relieve the critical situation brought about by low section 2 allotments by the present formula.

Under the proposed amendment the minimum allotment would be $1,250,000 for fiscal 1969. The State has informed me that this would enable them to provide the minimum services contemplated under the act.

Had this formula been in effect for fiscal 1968 each State would have received $1 million, a shift of less than $2 million in the total appropriation of $287 million. Mr. Chairman, this represents less than 1 percent of the total amount. This is an insignificant amount and would have eliminnated the need for expansion grant allotments. While insignificant for the total program, it naturally would have made a great impact on the States involved.

Mr. Chairman, this amendment has the endorsement of the National Rehabilitation Association and it is my understanding that it is acceptable to the Administration.

I would like to say also, Mr. Chairman, that Mr. Kraft, who is the director of the Alaska State Vocational Rehabilitation Department, will be submitting a statement and justification hopefully by the end of this week and I ask, Mr. Chairman, that the record be kept open until that statement comes in. It will certainly be here by the beginning of the week.

Mr. Daniels. Surely, we will be happy to do so.

Mr. Pollock. On behalf of my colleagues, Mr. Baring, Mr. Harrison, Mr. Roth, and myself, I request that our bill be included in the committee measure.

Mr. Daniels. Without objection it is so ordered.

Congressman, I want to compliment you for your testimony. I assure you that I will bring your bill and your statement to the attention of my colleagues and it will receive our consideration.

Mr. Pollock. Thank you very much, Mr. Chairman, for your time and kindness and your consideration.

Mr. Daniels. Our next witness is Mrs. Olive Banister, executive director of Vocational Guidance and Rehabilitation Services, Cleveland, Ohio.

STATEMENT OF MRS. OLIVE BANISTER, EXECUTIVE DIRECTOR, VOCATIONAL GUIDANCE AND REHABILITATION SERVICE

Mrs. Banister. Thank you, Mr. Daniels. I certainly appreciate this opportunity to testify before you and your subcommittee. I also would like to thank you for the leadership that you have given in the enactment of progressive legislation. You have all heard the values of this legislation and I will not repeat. My testimony this morning is going to deal with some of the issues in the bill and the problems which we in our rehabilitation centers are dealing with daily and how we use work evaluation and work adjustment.

Then I would also like to comment on the positive impact that rehabilitation centers can have when their services are extended into the poverty areas of the inner city.

Throughout I will comment on the effectiveness of the partnership of the voluntary and public rehabilitation agencies in the rehabilitation process.

Briefly VGRS is a voluntary, nonprofit agency which serves as a community counseling and rehabilitation resource for those who wish help with their educational and vocational planning; for those limited for work because of psychological, physical, social and economic problems; and for those in need of physical therapy or retraining in activities of daily living.

The ultimate purpose is to help each individual achieve to his maximum capacity. Integrated vocational services are provided to meet each client's specific problem. VGRS also provides certain services to other vocational and rehabilitation agencies, both public and private.

All services are coordinated to motivate the client, to help him gain insight into his capabilities and to plan realistically for the future.

In 1967, 2,386 different individuals were served by the total agency, from 68 different public and private agencies; 452 were Bureau of Vocational Rehabilitation clients; 65 percent of the people served had one or more disabilities.

The average daily attendance at the rehabilitation center is 265. These are people who are there for a full day, and all of them have physical, mental, or emotional disabilities as well as the group that are socially and culturally deprived.

If you have ever taught one adolescent to work, I think you appreciate the problem. VGRS has many facets to its rehabilitation program. These are listed and briefly described on the yellow attachment. Two of its major services are work evaluation and work adjustment.

Work evaluation is a dynamic, analytical process used to gather information about an individual's vocational potential. His current level of functioning is studied including his capacity for change, skill potential, and social and emotional adjustment.

Our work evaluation process usually takes 2 weeks of job sample testing. These are job samples brought in from local industry, standardized, and developed for the purposes of our clients, so that we have two norms against which we test these people.

One is that which is being used by industry, and, second, that which is being used as a criteria against the rehabilitation population that we serve.

During this process, while they are with us for seven and a half hours a day, we have an opportunity to live with them. We learn many things about an individual that we would not learn otherwise. We learn his strengths, and weaknesses.

We have a full-time personal grooming program which is run by volunteers and all of our young people are helped in their personal grooming problems.

Ours is an educational program where we have to teach the basics because many of the young people we serve have not come out of homes where they have been taught what it is to get up in the morning to go to work, and to be there at 8 o'clock. When we say 8, we don't mean 8:01; we mean 8 o'clock. They don't know what it is to live in a structured situation. This is what they are crying for.

To do this requires competent, qualified personnel. Fortunately for us we have been able to attract a qualified staff which with great skill is helping these people move toward their employment goal.

The basic questions that work evaluation is designed to answer are such as these: Does the client have the proper attitudes, interests, motivation, and work goals? What is his current level of skill and development? How adequate is he in getting along with his peers and supervision? Does he have the skills and other work requirements to enter into gainful employment?

Can he learn and absorb instructions? Does he show strengths which will compensate for academic lack? Then the all-important question is what kind of a rehabilitation program is best suited to his needs?

Following work evaluation, we usually have a staffing of the case where all people concerned are brought together to put the best wisdom they have about the dynamics of the individual on the table at which time we then formulate a plan which may then move the client into work adjustment.

Work adjustment, which we consider a very important part of our program has been in operation for about 8 years, again under skilled staff.

We consider it a transitional therapeutic process in which the person develops work attitudes and habits. These, too, are people with emotional, mental and physical deficits.

We are interested in this as a teaching process. For example, we have to teach young people what a paycheck is. We have group counselling sessions to teach some of these basics. One of the girls said to the counsellor, "You mean, I will get a check and this check will look just like my mother's, which is green and has holes in it"?

Her only orientation to work is a relief check. That is the only thing that she had ever known; that's how she thought you lived, that you got a relief check.

We take our young people to the bank. We show them how to endorse a check, to open a bank account if that is feasible, but at least to have the familiarity and the knowledge of how you walk into a bank and how you identify yourself. In addition we teach how to fill out a job application.

We teach them how to dress, how to prepare themselves for going out to employment. All of these services toward the goal of trying to help them become productive workers. We consider followup an extremely important part of our program. Many of our programs have built into them at least one year followup, because we know that success on the job is not the day that they are hired, but a year later when we know that they have succeeded. If they develop problems on the job they are given the needed help to keep them on their job.

Mr. **Daniels**. From your experience how frequently do you followup?

Mrs. **Banister**. It varies with the individual, but it could be every week in the early stages to 2 weeks. It may go to 3 months, 6 months, and so forth.

Mr. **Daniels**. Each case is handled separately?

Mrs. **Banister**. Each case is very separate and individual because everyone presents different kinds of problems.

This is an agency that has many services; they are listed in the back on the yellow sheet.

I would like to speak generally in terms of some of the issues of the legislation and particularly on the NRA bill.

One of the things that we as rehab administrators so hope is that the legislation could be sufficiently flexible so that it does permit us to be innovative, creative and to develop new kinds of services which are possible and I think much of what has been suggested here makes it possible.

Under the present law we can carry on work evaluation and work adjustment, but it has not been pinpointed and has not been brought to the fore as one of the major services. Neither is it paid for at the true cost of the service. I think we have something to learn from the manpower programs where they are estimating that it costs between $3,500 and $5,000 to put some of their people to work.

If that is true, then the same formula or something comparable to it should be applied to the rehabilitation process where we are attempting these very expensive services and we also know that the more skilled the staff, the faster an individual is helped to move toward his goal. Frequently we have bodies filling these rehabilitation jobs, but don't have the skill that we need.

I would also like to say that under sections 12 and 13 we need greater sources of funds so that we can give more service to more people. We are very much limited by the funding situation.

One of the newest manpower bills which is NAB, the National Alliance of Businessmen, which as you know was recently launched and of which Henry Ford II is the chairman, has indicated that they are going to place the disadvantaged, the hard-core unemployed in industry, and then afterwards they are going to build in the rehabilitation services.

Our community, with our business leaders representing top companies like Warner & Swasey, General Electric, Thompson Ramo Wooldridge, and the like, are concerned. They are saying, "We don't know anything about this rehabilitation process."

Formerly, they have always kept these people out of industry. If they did take them, it would be after the rehab centers had built the worker to the point where he was productive.

We are taking another look at this. Our particular center is suggesting that NAB consider the possibility of our rehabilitation center going on a second shift, just as they do in industry, and that after the person has been employed by industry—and the formula is one for every hundred you employ—that this individual then be brought to the rehabilitation center for whatever remedial services they need. Two of the basic ones they need are work evaluation and work adjustment.

The other thing I would like to comment on is the way in which our particular rehabilitation center has developed comprehensive service. It has also been concerned about not only what we ourselves do within our four walls, but what the rest of the community needs and how we can augment each other.

For example, in the field of mental retardation, when we built the addition to our building we built a workshop for the mentally retarded with IQ of 55 and below. One of the problems in our country is we have too many small workshops for the mentally retarded. We need to get these workshops identified with comprehensive rehabilitation centers, because these people need all of the services at some point in their lives that are offered by rehabilitation centers.

We have this workshop in our building—65 young people. We are now working with them and they are getting work evaluation, work adjustment, and the unheard of thing, because everybody believed this was a long-term workshop, six or more of them in the last 3 months have gone to employment.

Now, of course, part of that reflects the labor market and the fact that there are jobs and there is this emphasis upon opening up opportunities for the mentally retarded, but keep in mind this is a program for the ones with an IQ below 55.

As our board of trustees, and we have a voluntary board of trustees, became concerned about what were the total needs in the community, they saw the importance of reaching out into the community and making every effort to incorporate within a given area as many of the services as we could so that we could get maximum utilization of dollars and facilities. But, more importantly, that we get maximum utilization of skilled personnel, which is in short supply.

Toward that goal we have developed what has popularly become known as people renewal and to that end we currently have, as is listed on the 1967 Annual Report, some nine agencies in our complex and these agencies represent such as the bureau of vocational rehabilitation, which is our State agency, with a staff of about 30 people, with a planning unit of seven.

Mr. **Daniels**. In the administration bill, H.R. 16134, it is recommended that the State sole agency concept be waived. Do you approve of that provision?

Mrs. **Banister**. That we just have a State agency?

Mr. **Daniels**. How about working with various other agencies in a community?

Mrs. **Banister**. Well, one of our great prides, I think, and one of our accomplishments is the fact that we work with all the agencies, and that we ourselves feel, and I think the State director in Ohio feels that so long as we can get good voluntary agencies to provide the services, there is no need for the State agency to operate a rehabilitation center.

However, the State agencies need to look to the rural, the small areas where they can develop services on a more comprehensive basis than could be done if each little community or village had a small service and was not totally meeting need.

Mr. **Daniels**. All right, go ahead.

Mrs. **Banister**. In the development of our own program, of course, we have been very much interested in architectural barriers. I trust we have observed them in developing our own service.

As an agency we have worked with many of the new public buildings that are being planned in the elimination of architectural barriers. In the community college, in its development, for example, we have worked with the president of that organization and their board and now believe that anybody in a wheelchair can get any place within that new $22 million building which they are constructing, but it has been done in part because the rehabilitation center board was interested and called it to their attention.

We currently are doing the same thing with the Cleveland State University which is under development.

So as a rehabilitation center reaches out to the educational institutions, it reaches out to industry, it reaches out to the handicapped people, but I think a new role which is emerging and which I have not reported on because it is really not yet a very sophisticated thing to write about, but it is what I call the new approach and role for the rehabilitation centers, is our movement out into the poverty areas.

Our rehabilitation center is located in probably as poor or as bad an inner city area as one could hope to ever see. This is what's across the street from us, or was. This is what our people have to live in.

Also, this is a house that is there not too far away from our rehabilitation center.

And so as we began to look about as to what the problems were, we learned that there were some wonderful people in this neighborhood, although all the windshield surveys that had been made indicated that everything should be torn down and should be replaced with something else.

But these are people. They own their homes. They have lived there a long time; they want to continue to live there, but they want help.

We found that many of them are on ADC, many of them are widows on Social Security, or they are retired people who do not have the physical energy and strength to organize themselves to the point where they can do the outside repairs. Upon going into the interior, we find they are in good condition.

So we got a neighborhood project going, and I think this is a very exciting thing, because it is the first time that these neighbors, some 1,400 of them, have ever had an opportunity to come into the center, to use it as a social center, to have a Christmas party, to get the kind of help and support they need. We currently are working on a project called TOW, Tools on Wheels, which we hope will be the means by which we can help the people who are interested get the necessary repairs to their houses.

I am concerned about the children in the neighborhood. At Christmastime some couldn't come to the Christmas party, because they didn't have warm clothing. Pre-schoolers didn't have shoes.

Mr. DANIELS. You are getting into the poverty program now?

Mrs. BANISTER. Yes.

Mr. DANIELS. How could that be tied up with our rehabilitation services?

Mrs. BANISTER. Rehabilitation centers have to look not only to what comes in their front door but also what is outside their backdoor and be concerned about these people, because these are the youngsters who are going to the inner city schools who have all of the health problems and the rehabilitation needs.

For example, we run a work experience program in cooperation with the Cleveland public schools, and these young people are referred to us with supposedly only one disability, that is, mental retardation; but 53 percent of them have three or more disabilities, and they will never become employed unless we can do something to help correct their handicaps as well as to prepare them for going into employment.

Mr. DANIELS. Do you think that situation that prevailed in Cleveland is typical of situations in other comparable cities?

Mrs. BANISTER. Yes, I certainly do. I cannot imagine any big city would be any different than what we are, and also there have been schoolwork experience programs in other parts of the country that are faced with the same kind of problems that we are faced with.

Mr. DANIELS. All right, you may proceed.

Mrs. BANISTER. Well, I think my chief comment would be that there is great value in work evaluation and work adjustment. We have experimented, we have found it successful, that it is an important part of rehabilitating people, and unless we have this as our diagnostic tool, that we will never be able to accomplish our goals in putting people back to work.

The second thing is that the more flexible the legislation is, the easier it is for us to operate our rehabilitation programs.

And the third is that the rehabilitation people have the techniques, knowledge and ability to be able to put people back into work or to some form of a meaningful kind of a life if given adequate funds to do it.

I certainly thank you for this opportunity and I will be happy to answer any questions.

Mr. **Daniels**. The Chair has no questions, Mrs. Banister, but the Chair does desire to commend you for your testimony here this morning. You certainly are an articulate witness, and you have made a very, very fine case of the work evaluation and adjustment program.

Thank you.

Mrs. **Banister**. I have here a picture of the proposed Cleveland Rehabilitation Work Center, which will eventually house many rehabilitation agencies in the Greater Cleveland Area.

Currently housed in the Vocational Guidance Rehabilitation Center are nine rehabilitation agencies. In the area of the Cleveland Society for the Blind, land has been acquired for the Cleveland Goodwill Industries and future expansion of the Cleveland Society for the Blind. Land is being acquired for a new facility for the United Cerebral Palsy Association where they will be able to consolidate their operations now spread over three separate areas.

The long-range plan is for housing for the severely disabled, both in the long term and short term phases.

I believe the committee will find this picture of interest and I would like to submit it with my testimony.

Mr. **Daniels**. Without objection it is so ordered.

(Picture follows:)

Mr. Daniels. Our next witness is Mr. Carl A. Morring, Jr. former president of the National Society for Crippled Children and Adults, Huntsville, Ala.

STATEMENT OF CARL MORRING, JR., FORMER PRESIDENT, NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS

Mr. Morring. In the interest of time I will attempt to conform to a written statement and will be perfectly happy to submit to any questions the Chair may have at the conclusion thereof.

Mr. Chairman, members of the committee, my name is Carl Morring, Jr. As former president of the National Easter Seal Society for Crippled Children and Adults and a current member of the board of directors, I welcome the opportunity to testify in support of House bill 15827.

Before stating our position, I would like to discuss briefly the work of the National Easter Seal Society in rehabilitation. Organized in 1921, the National Society now has affiliates in every State and in over 1,000 counties and local communities. Through a nationwide network of 53 rehabilitation centers in 24 centers in 24 States, 34 workshops in 15 States, and other programs, our societies offer a variety of services to disabled persons. We are a major provider of rehabilitation services and in fiscal year 1966 served 237,787 handicapped children and adults.

While the society places primary emphasis upon direct rehabilitation services, it has other functions just as important—research, recruitment of youth to augment our national reservoir of rehabilitation manpower, safety campaigns geared to the young, the teenager, and the elderly to prevent accidents, and extensive programs to eliminate architectural barriers.

Mr. Daniels. Is this strictly a private organization?

Mr. Morring. Yes, and not for profit.

Mr. Daniels. In each State of the Union?

Mr. Morring. Yes, sir. There are member organizations in each State of the Union. There are 52 State member organizations and, of course, these are composed, further, of their own constituency within their various State member units.

As for the number of members—individual persons, I presume you mean?

Mr. Daniels. Yes.

Mr. Morring. It has been conservatively stated to be something over 200,000—it is a volunteer organization completely.

Mr. Daniels. You have quite a large membership. It is quite commendable.

Mr. Morring. Thank you, sir.

The growing partnership between the Government and voluntary sector is not new to us, particularly in our relations with State vocational rehabilitation agencies and their Federal counterpart. If time permits, following my statement I shall be glad to amplify this point by citing the mutually strengthening relationships in my own State of Alabama.

For over two decades this productive partnership has existed. Hence, we are deeply committed to continuing and strengthening the Federal-State vocational rehabilitation program. We are generally in accord with and endorse H.R. 15827 and would like to comment on the bill and more especially on some of its provisions.

The concept of vocational rehabilitation is no longer questioned. Its economic benefits to society and its significance to handicapped persons, financially, physically, socially and psychologically have been documented repeatedly before this committee.

The Federal-State-voluntary vocational rehabilitation structure is proving to be the keystone for attacking the entire spectrum of handicapping conditions which plague persons in every age group and with every kind of disability. The Administrator of Social and Rehabilitation Services, Miss Mary Schwitzer, in her testimony before this committee referred to this as the "three pillars"—that is, the Federal component, the State programs and the voluntary agencies. In fact, the very success and excellence achieved under the Vocational Rehabilitation Act are the reasons we are asking that the program be extended.

The proposed bill would authorize appropriations which would otherwise expire in 1971 or 1972, add a new program of vocational evaluation and work adjustment to hit hard at assisting the culturally and economically disadvantaged, simplify and include under the definitions groups presently covered under the regulations only, and strengthen requirements to make State plans more comprehensive and flexible.

It is true that Congress must make difficult choices in setting priorities for domestic spending in view of the war in Vietnam, the excessive inflation, and the imbalance in international payments. But, we are convinced that Congress will single out, as a top priority, this program with its social objective of rehabilitating handicapped and culturally and economically disadvantaged persons.

Weighed against the increasing numbers of persons requiring rehabilitation; measured against the need for new construction, expansion, and renovation of facilities; and compared with the possibilities for improving the technical performance of workshops and rehabilitation centers, increased authorizations become a necessity.

The Social and Rehabilitation Service reports that "Each year new milestones are achieved in the number of persons served in our programs and in the number of persons rehabilitated * * *." The authorization requested will provide the necessary resources to continue this trend. The effective and imaginative administration of the vocational rehabilitation program provides assurance that additional moneys will be used wisely.

There are four new changes recommended in requirements of the State plan. One concerns the need to relate the planning efforts of the rehabilitation agency with those of other State agencies which are also involved in planning activities. I might add at this point, and in addition to the content of the written statement and which I am attempting to present, that it seems to me—and I think you asked this question to a prior witness here today, sir—that certainly this is a desirable element for that, particularly in my State, there is an effort underway, and has been, to coordinate or pool efforts toward rehabilitation. I do think that if this pooling could be recognized by statute or by regulations, it would relieve some strain that of necessity results from attempting to do so without such recognition even though there is a cooperative desire and intent at the present time.

One incorporates a long-range approach to the development of rehabilitation services through on-going studies of needs and resources; and a third proposes establishing a uniform minimum program among the several States.

Lastly, a highly significant provision, of particular interest to the voluntary rehabilitation movement, is the grant authority for construction of rehabilitation facilities with section 2 funds. Currently, section 2 funds, with regard to construction, can only be used for expansion and renovation. This amendment would provide that when a State plan includes provision for the construction of rehabilitation facilities, including new buildings, the Federal share of construction costs will not exceed 10 percent of the State's allotment for such year. These funds would be available to public and nonprofit agencies. We favor this approach.

We strongly recommend that every effort be made to stimulate facility construction under the auspices of nonprofit private and voluntary organizations. It has been my belief over a long period of years and it has come to be my experience over the last 20 years of involvement in this work, to use a vernacular phraseology, that involvement in this work is like a dog chasing its tail.

Participation breeds interest and interest breeds participation. It is essential that we have the involvement of the public, the people who compose the public as well as those persons who are on a tax-paid payroll in order to, first of all, seek out and find the persons that need the assistance, then to follow through with seeing that they get it, and further to follow through after having received it to see that they are able to utilize the rehabilitative effort.

This cannot be accomplished from tax-paid sources alone. There are not enough people that you can pay by tax money to accomplish this objective in our whole population.

Work adjustment services are a part of the current program, but this new amendment will give additional emphasis and allow for assisting a greater number of people.

Services would be extended to clients of vocational rehabilitation agencies and to clients of other public agencies where the individual's problem is the development of an adequate work personality. Work adjustment programs offer an additional technique for dealing with the hard-core unemployed for whom Congress has expressed such great concern heretofore.

In summary, this bill will move us forward in opening employment opportunities to many of the disabled, the disadvantaged, and the disemployed.

If I may be permitted, I understand there is also under consideration by this committee House Joint Resolution 811, and I would appreciate the opportunity of making a short statement in behalf of this resolution, if it please the Chair.

Mr. DANIELS. It is perfectly all right, sir.

Mr. MORRING. The National Society has worked closely with the President's Committee on Employment of the Handicapped on a variety of national and international cooperative projects, including architectural barriers and project earning power. We have been particularly interested in the President's Committee efforts in the field of architectural barriers both through working with this organization in whose behalf I appear here today, but also in the considerations that the President's Commission had to make concerning the problem of elimination of architectural barriers.

Their efforts and assistance became readily apparent and were most helpful in the deliberations of the Commission. Crippled children and adults have been the beneficiaries of our joint efforts.

We are quite knowledgeable about the importance of the President's Committee's catalytic activities and promotional stimuli. We have been proud to have been partners in many mutual endeavors. This is typical of the manner in which the committee operates and we are only one of the many national organizations who are so involved. The committee could render dramatic beneficial assistance if it were enabled to increase its operations through additional funds.

While testifying before the Senate Committee on Government Operations, the National Society's spokesman emphasized the importance of the President's Committee increasing its involvement in the total Government public information and information gathering programs as they affect the handicapped.

This is but one of the many ways in which the committee can provide a greater service to the country and humanity if permitted to do so. We strongly recommend that the present limitation on the amount authorized to be appropriated for the work of the President's Committee be removed, and that the good judgment of Congress at the times that appropriations are considered be permitted to judge the support that that committee will receive.

Mr. DANIELS. You might be interested to know, Mr. Morring, that all of the witnesses that have appeared before this committee have fully endorsed the provisions of House Joint Resolution 811.

Mr. MORRING. Thank you, sir.

In conclusion, I would thank you again for your kind attention and permission for us to appear here in behalf of this legislation.

Mr. DANIELS. Mr. Morring, at the beginning of your testimony you stated you would like to testify further, if time permitted, on the State vocational rehabilitation agencies and their Federal counterparts. Do you desire to add anything further to your testimony?

Mr. MORRING. I would simply say that, of course, we are twice blessed in our State by having had the past president of the National Rehabilitation Association as one of the workers in the State program. He has a terrific insight into the overall problem.

As a result, the funds that have been channeled to our State through this act, that you obviously have a very deep and clear understanding of yourself, sir, have been very wisely used. I think I could safely say, and I believe I have enough experience nationwide, to say perhaps better than any other State on a pro rata basis at least.

It is through that cooperation and that understanding of the state agency with the voluntary agencies that we have been able to go into not one, but several communities and grouped counties, if you please, grouped communities where the base is not large enough for one, and in cooperation with the moneys made available both through Hill-Burton and Public Law 565, to create and generate and wirework, if you please, funds sufficient to create a facility. And to explain this term "wirework." It relates to the limitation that has been existent heretofore under the construction of the Act, "renovation or addition to." We have attached new facilities to something in some instances that probably should have been demolished in the first place, in order to get the funds to accomplish the objective.

Now, that's why I am saying that this is a particularly good phase of your bill, sir, where new construction can be originated, where it is obviously needed.

We have found not only that we could cooperate very effectively with the State-Federal agencies in the area of construction, but also in the area of service to the population, the client population after the structure is in being.

We find in this State, as nationwide, that trained personnel in the areas of rehabilitation are very scarce and anything that we can do to assist in this regard we need to do.

I think that's about as much as I can say voluntarily, sir.

Mr. DANIELS. You are very knowledgeable on this subject matter and you state you have had much experience.

Mr. MORRING. That is a matter of opinion.

Mr. DANIELS. From your experience have you found that the vocational rehabilitation agencies and voluntary vocational agencies work pretty well together?

Mr. MORRING. I think that there is a lack of knowledge on the part of some of the voluntary agencies in some of the States. I have personally attempted to respond to inquiries from Idaho. I believe Nevada—I know Nevada—and at least two other States that I cannot remember at the moment in an effort to tell them—they have a State office there, they need to go see the man, the man that is on the job.

I think that there has not been enough knowledge of what is available through some of their State agencies.

Mr. DANIELS. Where does the fault lie there? Does it lie with the State vocational agency?

Mr. MORRING. I certainly would not attempt to place any fault on the State agency; no, sir; because I do not know their geographical and sociological pattern in their States. Certainly he is there and I have not heard of one yet who wasn't willing to cooperate if approached.

Mr. DANIELS. Of course, you must commend the voluntary agencies for the work they are doing, nevertheless?

Mr. MORRING. Well, we have a lot yet to be done.

Mr. DANIELS. I am quite sure of that.

Well, Mr. Morring, I want to thank you for traveling such a long distance to come here to give us the benefit of your views. Your testimony has been quite helpful to this committee.

Mr. MORRING. Thank you, sir.

Mr. DANIELS. That concludes the hearings, so we adjourn.

(Whereupon, at 11:45 a.m. the hearing adjourned.)

(The following material was submitted for the record:)

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.,
New York, N.Y., April 24, 1968.

Hon. DOMINICK V. DANIELS,
Chairman, Select Subcommittee on Education, Committee on Education and Labor, U.S. House of Representatives, Washington, D.C.

DEAR MR. CHAIRMAN: The American Occupational Therapy Association expresses its appreciation to you for conducting hearings on bills to amend the Vocational Rehabilitation Act and offers the following comments and suggestions regarding the three bills under consideration—H.R. 15827, H.R. 16134 and H.J. Res. 811.

Like your committee, the American Occupational Therapy Association has been concerned with the special problems and needs of disabled people for many years and has worked regularly to find constructive ways to help fashion better futures for them.

The American Occupational Therapy Association is a national professional organization of about 9,500 members who work daily with physicians, nurses, other therapists and health professionals in caring for the sick, the injured and the disabled. Occupational Therapists work in hospitals, rehabilitation centers, clinics and other settings where the skills of the professional therapist can minimize suffering, restore function and help the patient adjust to new and constructive patterns of living. They provide a wide variety of treatment procedures, ranging from preventive to curative to restorative.

Like the Vocational Rehabilitation Program, the American Occupational Therapy Association has a long history of working with disabled people. We are, in fact, now completing the observance of our 50th anniversary.

Out of this long experience, we view with great satisfaction the expanding programs of the Social and Rehabilitation Service and in particular the programs of the Rehabilitation Services Administration. We have seen this expansion take place with proper consideration for the professional integrity of groups such as ours and we believe that continued Federal support for further expansion, to assist private, voluntary, and public groups in their efforts to more adequately meet the needs of the disabled, is certainly in order.

In comparing H.R. 15827 and H.R. 16134, probably the most outstanding difference is in the duration of authorities that would be provided and in the amounts of appropriations that would be authorized. In essence, H.R. 16134 would authorize relatively modest amounts for fiscal 1969 and provide for such sums as may be necessary in subsequent years with no specific limitation in time upon the duration of the authority. H.R. 15827 would authorize substantial appropriations for a fixed number of years, usually through fiscal 1972.

The Association makes no particular choice between these two financing alternatives, since either can result in substantial and steady expansion if properly implemented. However, we do feel that in some instances—such as the authorization for innovation grants under Section 3 and for construction grants under Section 12—the amounts to be authorized under H.R. 16134 are so far below the obvious national needs that, if this financing arrangement is adopted by the committee, the amounts of the authorizations should be sharply increased.

We wish to comment particularly upon the provisions in the bills pertaining to Section 4 and the programs of research and demonstration grants and the training grant program. The American Occupational Therapy Association, as well as it affiliates and membership generally, have participated in and greatly benefited from both the research program and the training program. This form of Federal assistance has done much to increase both the quantity and quality of professional personnel in this country and we have seen the beneficial influences in our own field.

We do not believe it is in the interest of the American people to place unwise restrictions in the form of limited financing authorizations on these programs at this stage in their development. H.R. 16134 would authorize only $80 million for all programs in Section 4 for fiscal 1969. While this would be enough to conform to the Administration budget requests for that year, we believe the budget itself is far too low, and that there should not be any provision in the basic law which prevents correcting this inadequacy through later supplemental appropriations or other measures. We, therefore, would find the provisions of H.R. 15827, authorizing $95 million for fiscal 1969, much more preferable.

Both bills would amend the law to authorize the use of grants to states under Section 2 for the purpose of constructing new rehabilitation facilities, up to a maximum of 10% of each state's allotment. We believe this is a desirable change, provided a reliable mechanism can be supplied to assure coordination between this construction and the construction provided for under Section 12 of the Act. This becomes particularly important in light of the fact that H.R. 16134 would provide variable Hill-Burton matching for such new construction, whereas H.R. 15827 would authorize a flat 80% Federal share of construction costs. The need for such coordination, is further heightened by the fact that H.R. 16134 would authorize only $2 million for construction under Section 12 in 1969, in contrast to the $35 million that would be authorized in H.R. 15827.

We wish to particularly endorse two other provisions in this legislation. One would authorize the provision of services to the families of disabled people, where this is necessary to complete the rehabilitation process. Our long experience has shown us the necessity, in many cases, of making thorough provision for the families, who often exert influences which, whether subtle or obvious, can in fact determine the succes or failure in the outcome of an individual's rehabilitation program. This family-based service approach becomes doubly important as rehabilitation programs deal more and more with the economically deprived among our poorest families. We trust the committee will report this provision favorably.

The second provision would authorize a special program for disabled youth. This we strongly support, for we know from long experience that the earlier the rehabilitation process begins, the more favorable is the outlook for successful rehabilitation.

H.J. Res. 811 would remove the appropriation ceiling, now set at $500,000 annually, now in effect for suport of the activities of the President's Committee on Employment of the Handicapped. We believe this is a proper step and support this bill. The President's Committee, and its cooperating Governors' and Mayors' Committees across the country have done an effective job of educating the public, employers, and many other special groups to the desirability of employing handicapped persons. We believe the Administration and the Congress should be in a position to decide each year what level of financing is appropriate for this important work.

Mr. Chairman, let me express again on behalf of the American Occupational Therapy Association our deep appreciation for your initiative and leadership in holding hearings on these bills and for the many efforts which you and your colleagues on the committee have made and are making to advance the rehabilitation programs of this country, both public and voluntary. I assure you that you have the support of our professional association in your endeavors.

With every good wish,

Sincerely,

Mrs. Harriet Tiebel, O.T.R.,
Executive Director.

National Institutes on
Rehabilitation and Health Services,
Washington, D.C., April 12, 1968.

Hon. Dominick Daniels,
Cannon House Office Building,
Washington, D.C.

Dear Congressman Daniels: This letter is in the nature of further comment on legislative proposals affecting vocational rehabilitation which are now pending in the House Select Education Subcommittee. Specifically, we would like to comment on H.R. 16134 and House Joint Resolution 811.

First, with reference to the Joint Resolution, we would like to indicate our support for the two provisions recommended by that Resolution, the elimination of the $500,000.00 annual appropriation limitation for the President's Committee on Employment of the Handicapped, and the deletion of the word "physical" from the official title of the Committee.

The National Institutes on Rehabilitation and Health Services has no criticism to offer regarding any of the provisions contained in H.R. 16134. However, there are several proposals contained in the Bill which merit particular comment. One of these is the provision for two year initial staffing for both rehabilitation facilities and sheltered workshops which are constructed under the terms of the Act. Such a provision would enable these facilities to be more solidly financed in their operation, and more comprehensive in the range of services which they would provide. A second provision which we feel merits particular attention is that which would enable the Secretary to contract with private industry to train and prepare handicapped individuals for gainful employment. It seems to us that this provision would markedly extend the resources available in our country to serve the needs of handicapped individuals and would be indeed a progressive step forward in the expansion and improvement of those services.

It should be noted that many of the provisions of H.R. 16134 are similar to another Bill which you have introduced, H.R. 15827. Of the two Bills, it is our feeling that H.R. 15827 would represent the greatest advance in the improvement and expansion of vocational rehabilitation services in our country, but it is our hope that the best features of both Bills will be included in the legislation recommended by the Subcommittee.

Sincerely,

TERENCE E. CARROLL, *Director.*

CHILDREN'S MEDICAL CENTER,
Tulsa, Okla., April 1, 1968.

Hon. DOMINICK V. DANIELS,
House of Representatives,
Washington, D.C.

DEAR MR. DANIELS: The Oklahoma Rehabilitation Association wishes to commend you upon the introduction of the Vocational Rehabilitation Amendments for 1968. This Bill, H.R. 15827, introduced in the House of Representatives on March 7, 1968, is a positive step forward in enriching the services available to Vocational Rehabilitation clients. We wish to commend you for your efforts and assure you of our continuing support for furtherance of this Bill through the House and the Senate.

Sincerely yours,

JOHN L. BYRNE,
President, Oklahoma Rehabilitation Association.

PREPARED STATEMENT BY JOHN F. NAGLE, CHIEF, WASHINGTON OFFICE, NATIONAL FEDERATION OF THE BLIND

Mr. Chairman and Members of the Committee, my name is John F. Nagle. I am chief of the Washington Office of the National Federation of the Blind. My address is 1908 Q Street, N.W., Washington, D.C., 20009.

Mr. Chairman, the National Federation of the Blind is a nationwide organization with a membership primarily of blind men and women.

As blind people, as people with a physical disability which detrimentally affects our opportunities for obtaining constructive and competitive employment and living worthwhile lives, we are among those for whom the federally-supported state programs of vocational rehabilitation were established and are maintained at great public expense.

The views we express to this committee on H.R. 15827 and H.R. 16134, are based upon our experience as blind people—as clients of vocational rehabilitation programs—as disabled people with a personal knowledge of the problems and difficulties of adjusting to life and of living normal lives, disadvantaged by a physical difference.

We of the National Federation of the Blind believe in vocational rehabilitation for we know that it offers the only constructive and hopeful means of solving the social and economic problems of the Nation's physically and mentally impaired citizens—and this is particularly so when the impairment is blindness.

With this philosophic and practical orientation, the National Federation of the Blind has examined H.R. 15827 and H.R. 16134, and we are pleased to express our views to the committee several proposals in these Vocational Rehabilitation Act amending measures.

Mr. Chairman, the National Federation of the Blind supports the provisions of Section 2 of H.R. 15827, which would extend the authorization of appropriations for Section 2 funding in the amount of $750 million for fiscal 1971 and $850 million for fiscal 1972.

We believe that Section 2 of the Vocational Rehabilitation Act under which direct vocational rehabilitation services are provided to disabled people, is the most important section of the Act.

As you well know, Mr. Chairman, as automation increasingly eliminates unskilled jobs in business and industry—the kinds of jobs the handicapped generally end up doing, even though their talents and aptitudes oftentimes merit them much more and qualifies them for much more—as these unskilled jobs are disappearing, vocational rehabilitation agencies are, finally, turning to the professions and skilled and semiskilled occupations as offering possible employment opportunities for their disabled clients.

As a result of this trend, the cost of preparing disabled people for employment has greatly risen, and such preparation now may require years, when, in the past, only days or weeks were needed to fit a disabled person for employment.

For administrators of state vocational rehalibitation programs to be able to consider and approve long-range educational and training plans for their clients, they must know that financing will be available and the amount that will be available during the full course of study or training.

The National Federation of the Blind, therefore, urges this committee to approve the authorization of appropriations through 1972 for direct services to handicapped persons under Section 2 of the Vocational Rehabilitation Act as provided in Section 2 of H.R. 15827, and we urge you to accept and approve the amounts recommended in that section of the proposed legislation, for these amounts will permit program growth and expansion and are in accord with anticipated program needs.

But, Mr. Chairman, federal dollar authorizations and federal dollar appropriations for vocational rehabilitation services only have meaning in the lives of physically and mentally impaired men and women when the federal dollars are actually paid to the states for case service expenditures.

In fact, Mr. Chairman, very few states take full advantage of federally-provided money for vocational rehabilitation services.

In fiscal year 1965—the last year under the old amendments of the Vocational Rehabilitation Act (P.L. 83-565)—when one dollar of state money brought about two federal dollars, only 7 of the 54 state and territorial jurisdictions claimed, in full, their share of available federal money for vocational rehabilitation services.

In fiscal year 1966, the first year under the new Vocational Rehabilitation Act Amendments (P.L. 89-333), when one dollar of state money brought three federal dollars for use in providing vocational rehabilitation services to handicapped people—in fiscal year 1966, Mr. Chairman, even though the federal share in the cost of providing vocational rehabilitation services to handicapped people had been increased from two federal dollars for each state dollar to three federal dollars for each state dollar, still, Mr. Chairman, only *five* jurisdictions—only two more than under the old formula—claimed, in full, their share of available federal money.

And in fiscal year 1967, again only *five* jurisdictions claimed, in full, their share of available federal money for vocational rehabilitation services.

Mr. Chairman, why do the overwhelming majority of the states fail to take full advantage of available federal money for their vocational rehabilitation services programs?

We believe there are several reasons for this—

As demands for more and better state-provided services and higher salaries multiply, state government costs mount far more rapidly than there are state revenues to meet them; in the competition for state dollars to match federal dollars in the various federally-aided state programs, vocational rehabilitation agencies, too often, come off "second best" because of the failure to understand the importance and value of vocational rehabilitation programs; and then, the practice of state officials in using their limited state funds to match federal money in programs where the greatest return in federal money can be obtained—

But, Mr. Chairman, whatever the reasons, the full amount of congressionally-provided funds for rehabilitation services for handicapped people is not being used, and available and reflected in expanded and improved living and livelihood opportunities for handicapped men and women.

The National Federation of the Blind thinks the most practical solution to this situation would be to change the financial matching formula in Section 2 of the Vocational Rehabiltation Act from the present 75 percent federal, 25 percent state ratio, or three federal dollars for each state dollar, to 90 percent federal and 10 percent state, with nine federal dollars obtainable for each state dollar.

Thus, a state which now receives $75,000 federal money for $25,000 state money, would receive, under the revised formula, $225,000 federal money for the same $25,000 amount of state money.

Mr. Chairman, the National Federation of the Blind believes this suggested change in the Vocational Rehabilitation Law is much needed and we urge its adoption by this committee and the Congress.

But, Mr. Chairman, if you feel the change we recommend in the federal-state sharing of the costs of providing vocational rehabilitation services to handicapped persons is too extreme at this time, then we ask and urge you to approve Section 5(f) of H.R. 15827, which proposes to change the federal-state matching formula from the present 75 percent to 80 percent federal, and from 25 percent to 20 percent state.

Although this latter proposal would not be as satisfactory as the matching formula alteration we have recommended above, it would still be a great and far-reaching improvement over existing law, and so we endorse its acceptance and approval.

However, Mr. Chairman, whether this committee adopts our proposed 90 percent-10 percent formula for federal-state participation in the financial burdens of vocational rehabilitation programs, or whether you adopt the proposed 80 percent-20 percent formula contained in Section 5(f) of H.R. 15827, we would urge you to include a provision requiring continuation of efforts by the states, requiring the states to use the same amount of state funds in their vocational rehabilitation programs as they are presently using.

In this way, Mr. Chairman, you will make sure that as federal money is increased, state money in vocational rehabilitation programs is not proportionately decreased, so that, in fact, the total amount of money in vocational rehabilitation programs is the same as before, with the only difference that more federal dollars and less state dollars are available for vocational rehabilitation service programs.

Mr. Chairman, the National Federation of the Blind is opposed to Section 4(a) of H.R. 15827, which would permit the waiver of the requirement in existing law that a single agency administer a state vocational rehabilitation plan in the state.

If this proposal is adopted, Mr. Chairman, if vocational rehabilitation agencies are allowed to surrender their separate agency status and merge with other state agencies, we believe the objectives of vocational rehabilitation programs will soon be dissipated and distorted as they are altered and adjusted to fit the needs of companion agencies.

For example, if a state vocational rehabilitation agency were to be merged with a state agency which administers public welfare programs in the state, the vocational rehabilitation agency would soon be giving prior consideration, and ultimately, sole consideration, to disabled persons in need of financial assistance, because they are in need of such assistance, rather than providing vocational rehabilitation services to disabled persons because they are disabled and in need of help to learn to live again and function successfully as disabled persons.

Then, too, Mr. Chairman, the National Federation of the Blind is opposed to Section 4(a) of H.R. 15827, because, we believe, if state vocational rehabilitation agencies are allowed to share administrative responsibilities with other state agencies, evasion and the shifting of responsbility will be the result.

Presently, with a single state agency administering vocational rehabilitation in a state, the agency operates in a glaring spotlight of inescapable responsibility.

Under existing law, Mr. Chairman, a state vocational rehabilitation agency is distinct and identifiable, and thus is clearly and directly accountable for its administration of the program of vocationally oriented rehabilitation services to handicapped persons—it is accountable to legislators, to laymen, and it is accountable to the handicapped people themselves.

We urge this committee, therefore, to reject Section 4(a) of H.R. 15827, and to continue the requirement in existing law, that a vocational rehabilitation plan in a state must be administered by a single and separate state agency.

Mr. Chairman, the National Federation of the Blind is opposed to Section 4(c) of H.R. 15827, which would permit continuation of statewide studies of the needs of handicapped persons and how these may be most effectively met.

By authority of prior amendments to the Vocational Rehabilitation Act, Mr. Chairman, studies of the needs of disabled people have been conducted by vocational rehabilitation agencies.

Now, Mr. Chairman, the National Federation of the Blind believes there has been far too much studying of the needs of handicapped people by vocational rehabilitation agencies and far too little effort expended by such agencies in meeting our known needs.

If studies of the needs of handicapped persons by vocational rehabilitation agencies were ever needed, they are no longer needed!

As a matter of fact, Mr. Chairman, the National Federation of the Blind believes studies were never needed to determine the nature of the help disabled people look to vocational rehabilitation agencies for.

We need a sensible and thorough understanding of the limitations of our impairing conditions, and an equally thorough and sensible understanding and appreciation of the potentialities for the achievement of a normal life and regular livelihood still available to us and attainable by us!

We need skilled and efficient training in the alternative techniques that have been devised and developed to permit us to function, successfully, in spite of our disabling conditions!

We need sufficient and quality education and training commensurate with our interests, talents, and aptitudes, to prepare us for constructive, competitive employment!

And, Mr. Chairman, once we have gotten the education and training, once we are prepared for employment, and qualified for employment, then we need help, competent help, imaginative and determined help, to actually assist us to secure employment!

So, let vocational rehabilitation agencies stop wasting their time and needlessly spending case service funds for more costly studies!

Rather, let vocational rehabilitation agencies get to the business of meeting the already so well known needs of handicapped people!

And if administrators of vocational rehabilitation agencies are in doubt as to the needs of handicapped people, if our needs are not known to them, let them consult with their handicapped clients!

We know our needs well for we live with them and are frustrated by them and, sometimes, are defeated by them!

We need no costly and wasteful studies to ascertain our needs!

The National Federation of the Blind, therefore, Mr. Chairman, urges this committee to reject Section 4(c) of H.R. 15827.

Mr. Chairman, the National Federation of the Blind is opposed to Section 5(e) of H.R. 15827, which would eliminate separate definitions of "rehabilitation facilities" and "sheltered workshop" in existing law, and to redefine "rehabilitation facilities" to include sheltered workshops.

Mr. Chairman, it would be a contradiction of fact to describe sheltered workshops as rehabilitation facilities.

Sheltered workshops are *not* rehabilitation facilities and to describe them as such, would only serve to cloak their true nature with respectability.

We, blind people, can speak with much authority about sheltered workshops, for we have been condemned to work in them for centuries, we have been the victims of them for centuries!

Mr. Chairman, the basic and underlying concept of the sheltered workshop is not rehabilitative, inducing and encouraging a spirit of hope and self-confidence.

The sheltered workshop is segregative and exclusionary, and it induces a spirit of defeatism and encourages the development of a fear of the outside competitive and cooperative world, it instills a spirit of dependency and a wanting for continued shelter!

Historically, Mr. Chairman, the function of the sheltered workshop has been and is, to provide "busy" work to the handicapped, work not expected to result in financial gain, but work designed to keep the handicapped occupied, to keep them comfortable and content!

Sheltered workshops do not nor can they serve as rehabilitation training facilities, providing a most necessary function in the rehabilitation process—for the great majority are geared to out-moded and uneconomic skills, and long-antiquated production and sales procedures and practices!

By its very nature, the sheltered workshop is removed from the mainstream life and activities of the community!

It is a retreat from regular economic endeavor!

It is a refuge from everyday competitive and cooperative living!

The very designation of the sheltered workshop as "sheltered" conclusively indicates its unfitness to be properly described as a rehabilitation facility!

The very designation of sheltered workshops as "sheltered" clearly and conclusively indicates their unfitness to prepare disabled people for competitive employment and independent living, for self-dependent and contributory living!

The very designation of sheltered workshops as "sheltered" shockingly and irrefutably indicates the rash inpropriety of describing this retrogressive and "sweatshop" institution as a rehabilitation facility!

We of the National Federation of the Blind, therefore, ask this committee to reject Section 5(e) and all other provisions of H.R. 15827 and H.R. 16134, which would permit the definition of sheltered workshops as rehabilitation facilities.

Mr. Chairman, the National Federation of the Blind is opposed to Section 8 of H.R. 15827, which would authorize vocational rehabilitation agencies to provide vocational rehabilitation evaluation and work adjustment services to persons disadvantaged for employment by factors other than physical or mental impairment.

The National Federation of the Blind recognizes the need for the services proposed.

We recognize that a person can be handicapped for employment even though he is physically and mentally fit, but at the same time, he is inadequately educated or industrially unskilled, he is non-white, or he is socially or culturally deprived to the extent he is denied equality of opportunity by reason of such circumstances in his life, or he is denied equality of opportunity by prejudicial public attitudes toward such circumstances in his life.

But, Mr. Chairman, even though the National Federation of the Blind recognizes the need and the importance of the services proposed to be provided for under Section 8 of H.R. 15827, we are opposed to the proposal as it is contained in this provision of H.R. 15827.

The National Federation of the Blind approves the separate financing proposed for the evaluation and work adjustment of disadvantaged persons provision.

We believe this specifically designated funding would prevent the use of funds intended to meet the vocational rehabilitation needs of physically and mentally handicapped persons from being diverted to the use of disadvantaged people differently handicapped.

But, Mr. Chairman, we believe other safeguards must also be included in the proposal to make certain that this inclusion of non-physically and non-mentally handicapped persons in the established vocational rehabilitation programs will not in any way diminish or detract from the effectiveness of such programs for handicapped persons!

We believe that, if this objective is to be fully satisfied, the proposal should require the assignment of specifically designated personnel to administer the new evaluation service program.

This would then assure that personnel engaged in vocational rehabilitation work would not have their attention and efforts divided between meeting the vocational needs of the physically and mentally handicapped and those otherwise handicapped.

Mr. Chairman, we believe that, if this separately designated personnel feature is not included in Section 8 of H.R. 15827, far too often, the vocational rehabilitation counsellor, pressured by the need to show the results of his work by the numbers of persons served, would find it much too advantageous to concentrate his attentions and labors upon the relatively simple and soluble problems of the socially and culturally and educationally disadvantaged, rather than the difficult and seemingly insoluble problems of the physically and mentally disabled, and to assist them to achieve gainful employment in the competitive economy.

Also, Mr. Chairman, the National Federation of the Blind believes this evaluation and work adjustment for the disadvantaged proposal should require separate and separately reported statistical data, as to services provided to the new category proposed to be served by vocational rehabilitation agencies.

By this separation of statistics, Mr. Chairman, by the requirement for the separate reporting of services provided and results claimed to be achieved, there would then be no possibility of confusion as to the numbers of physically and mentally disabled persons served, and the numbers of otherwise disadvantaged persons served, by vocational rehabilitation agencies.

The National Federation of the Blind, therefore, urges this committee to approve Section 8 of H.R. 15827, but with the changes we have recommended for incorporation in this proposal.

Mr. Chairman, the National Federation of the Blind approves Section 7 of H.R. 16134, which would authorize vocational rehabilitation agencies to provide comprehensive evaluation services to physically and mentally disabled youths during their school years.

We believe this proposal would make it possible for vocational rehabilitation agencies to become acquainted and fully acquainted with their potentially job-needing clients well in advance of the time such persons are ready to enter the labor force.

Thus, by learning of capacities and capabilities, ambitions and hopes, talents and aptitudes, vocational rehabilitation agencies would better be able to meet and serve the vocational rehabilitation needs of their school-attending clients when they become employment-seeking clients.

But, Mr. Chairman, we believe this proposal should be limited to physically and mentally disabled youths.

Physically and mentally fit youths with other handicaps to employment, we think, should be included in the vocational rehabilitation evaluation and work adjustment for the non-physically and non-mentally handicapped disadvantaged provided for in Section 8 of H.R. 15827, and we make this recommendation for the very same reasons we gave in our discussion of Section 8 of H.R. 15827.

To carry out the view of the National Federation of the Blind with reference to Section 7 of H.R. 16134, Mr. Chairman, we ask that you delete the second "or" in Section 7 of H.R. 16134, and substitute therefore the word "and".

By this simple change in provision construction, it would be made emphatically clear that physically and mentally disabled youths only are to be eligible under Section 7 of H.R. 16134.

The National Federation of the Blind, therefore, urges the committee to approve Section 7 of H.R. 16134, with the drafting change we have recommended to the committee.

Mr. Chairman, the National Federation of the Blind is opposed to Section 9 of H.R. 16134, which would allow the Secretary of Health, Education, and Welfare to use one percent of vocational rehabilitation appropriated funds for evaluation of vocational rehabilitation programs.

We, blind persons, members of the National Federation of the Blind, believe vocational rehabilitation personnel should be fully employed, and all funds appropriated to provide handicapped persons with vocational rehabilitation aid and assistance should be fully employed, in meeting the vocational rehabilitation needs of physically and mentally handicapped persons.

Then, too, Mr. Chairman, we also know that if such vocational rehabilitation program evaluations are made, they will be made by vocational rehabilitation personnel, themselves, they will evaluate themselves and their own work.

We know, for it has always been so, that if such evaluations of vocational rehabilitation programs are made, the views and experiences of disabled clients and former clients of vocational rehabilitation agencies will not be sought and considered, and surely, Mr. Chairman, without drawing upon this substantial source of evaluative information, any evaluations of vocational rehabilitation programs would be valueless, and could only provide inaccurate and misleading conclusions.

The National Federation of the Blind, therefore, urges this committee to reject Section 9 of H.R. 16134.

Mr. Chairman, the National Federation of the Blind is opposed to Section 10(a) of H.R. 16134, which would revise the Vocational Rehabilitation Act purpose clause, so as to remove employment as the objective to be served by vocational rehabilitation programs, and thereby completely change existing vocational rehabilitation programs into rehabilitation programs.

Mr. Chairman, as the National Federation of the Blind stated at the commencement of this testimony: "We of the National Federation of the Blind believe in vocational rehabilitation, for we know it offers the only constructive and hopeful means of solving the social and economic problems of the Nation's physically and mentally impaired citizens . . ."

Our belief in vocational rehabilitation is based, Mr. Chairman, upon its *vocationally* directed, its *employment* purposed philosophy and provision.

Our belief in vocational rehabilitation, Mr. Chairman, is based upon its *vocational* orientation, its services-toward-employment purpose.

To remove employment as the statutorily specified purpose of vocational rehabilitation, we believe, would so change the emphasis of existing vocational rehabilitation programs that they would soon cease preparing their disabled clients for competitive employment, but rather, would increasingly concentrate their attention and efforts toward the mere rehabilitation of their disabled clients, who would be helped to live more comfortably as disabled persons, but they would live economically dependent upon others, they would be unfitted for competitive employment and competitive and cooperative living.

The National Federation of the Blind, therefore, urges this committee to reject Section 10(a) of H.R. 16134.

Finally, Mr. Chairman, the National Federation of the Blind enthusiastically approves Section 10(c) of H.R. 16134, which would authorize the Secretary of Health, Education, and Welfare, by contract to arrange with business and industry for on-the-job training programs for handicapped persons.

The National Federation of the Blind has long contended before committees of Congress for the rejection of the concept and practice that only sheltered workshops are proper and fit places to provide job-training for handicapped people.

On April 14, 1965, in hearings on vocational rehabilitation legislation conducted by the House Special Subcommittee on Education, we presented a resolution adopted at the 1964 national convention of the National Federation of the Blind, with nearly a thousand blind persons in attendance from every part of the Nation and from every segment of the Nation's social and economic life.

This resolution stated: "In the rehabilitation and training of disabled persons, emphasis should be placed upon methods alternative to the sheltered workshop, as a rehabilitation training facility, such as on-the-job training in competitive, non-sheltered employment, the use of vocational schools, apprenticeship training programs, tutorial and regular educational institutions."

The National Federation of the Blind, therefore, urges this committee to approve Section 10(c) of H.R. 16134.

PREPARED STATEMENT OF IRVIN P. SCHLOSS, LEGISLATIVE ANALYST, AMERICAN FOUNDATION FOR THE BLIND

Mr. Chairman and members of the Subcommittee, I appreciate this opportunity to present the views of three national organizations in work for blind persons on the measures you have before you to extend and improve provisions of the Vocational Rehabilitation Act and the authorizing legislation for the President's Committee on Employment of the Handicapped.

The three organizations I am representing are the American Foundation for the Blind, which is the national voluntary research and consultant organization in the field of services to blind persons of all ages; the American Association of Workers for the Blind, which is the national professional membership organization in the field; and the Blinded Veterans Association, which is the national membership organization of the war-blinded.

All three of these organizations endorse enactment of H.R. 16134 with modification by including some of the provisions of H.R. 15827 for increased authorization of appropriations, extension of the authorization of the program under Section 2 of the Act, and improvement of state plan provisions. We also support enactment of H.J. Res. 811 as a means of bringing the enabling legislation for the work of the President's Committee on Employment of the Handicapped into conformity with the actual practice of promoting employment of the mentally handicapped as well as the physically handicapped and eliminating the need for frequent amendment of the original legislation to increase the authorization of appropriations.

The extension of expiring provisions of the Vocational Rehabilitation Act are essential to permit the orderly expansion and improvement of this vital program. However, as we indicated, we believe that the best interests of handicapped persons would be served if the appropriation authorizations specified in H.R. 15827 were included in the bill approved by the Subcommittee for innovation grants, research and demonstration projects and workshop construction and improvement.

Similarly, we believe it would be highly desirable to extend the authorization for Section 2 grants through fiscal 1972 as specified in H.R. 15827.

There are several proposals for program improvement contained in H.R. 16134 which we should like to endorse specifically. One of these authorizes contracts with industry for projects to train handicapped workers. We have long felt that on-the-job training should be used much more extensively in the Federal-State vocational rehabilitation program than it has been in the past. On-the-job training, on-the-farm training, and combinations of these with institutionalized training were notably effective in rehabilitating severely disabled veterans under programs administered by the Veterans Administration. We believe the project authorization for contracts with industry will demonstrate the effectiveness of this approach and lead to further utilization of it. It should be noted that severely disabled persons in on-the-job training situations are frequently hired by the company doing the training, thus effectively realizing the primary objective of vocational rehabilitation.

Two other new proposals contained in H.R. 16134 can work together to improve the situation of handicapped youth of school age. These proposals are the provision for thorough evaluation of school-age youth and authorization of flexibility in state agency administration and financing of services. As a result of enactment of these proposals we can foresee much closer working relationships between the state vocational rehabilitation agency and the state crippled children's agency with improved physical restoration and vocational rehabilitation the result. It should be noted that children with vision or hearing problems are not adequately served by the crippled children's agency in most states because of the emphasis on orthopedic disability. The flexibility permitted by these new proposals should make possible an urgently needed improvement in service to these two groups of handicapped children.

The improvement in state plan provisions specified in both bills are highly desirable and should serve to improve the program substantially. We also welcome the authorization of funds to the Secretary of Health, Education and Welfare to study the effectiveness of programs under the Vocational Rehabilitation Act. In conclusion, we should like to restate support of the improvements made in the Federal-State vocational rehabilitation program by H.R. 16134. We sincerely hope that the Subcommittee will act favorably on this bill with the modifications we have recommended. We also hope that the Subcommittee will take favorable action on H.J. Res. 811.

PREPARED STATEMENT OF DR. V. EUGENE MCCRARY, DIRECTOR, AOA DEPARTMENT OF NATIONAL AFFAIRS, ON BEHALF OF AMERICAN OPTOMETRIC ASSOCIATION

On behalf of the American Optometric Association, I appreciate the opportunity to present our views on H.R. 15827, the Vocational Rehabilitation Amendments of 1968. I am Dr. V. Eugene McCrary, a practicing optometrist in College Park, Maryland, and Director of the AOA Department of National Affairs. A copy of my resume is attached to this statement for your information.

We optometrists share the feeling that revision and extension of the Act are necessary. Existing laws have provided the framework for numerous constructive vocational rehabilitation programs. However, the American Optometric Association members have several suggestions regarding H.R. 15827 which we feel will aid handicapped citizens in becoming productive members of society.

Visual impairment is a major handicapping condition. It is important, therefore, that the proposed legislation provide for functional vision services together with the rehabilitation services presently included.

It has been optometry's experience under existing rehabilitation laws and administrative guidelines that optometric vision services are often excluded or severely limited when Federal programs are implemented by the individual States. Language of existing law, we feel, inadvertently precipitated this situation. Unless recognized and rectified, before passage of bills now under consideration, the Vocational Rehabilitation Amendments of 1968 will continue to deny eligible individuals optometric vision services they need.

Chapter 19 of the "Vocational Rehabilitation Manual" of the Department of Health, Education and Welfare, dated August 15, 1956, in part V, number 4, captioned "Diagnosis and Treatment of Visual Impairments", is the following:

"Diagnostic and treatment services for clients with any type of visual impairment should be provided by, or under the direction of, qualified ophthalmologists. Upon the recommendation of the examining physician, State agency policies may permit referral of clients to licensed optometrists for eye examinations and the provision of those services in which they have special training (i.e., prescribing lenses, orthoptics and other aids to subnormal vision), provided that there is some assurance that there is no eye disease present or that some general physicial condition is not present which might affect the individual's vision."

While this manual language at first glance might appear sufficient to assure participation by optometrists in vocational rehabilitation programs related to vision, it has been our experience in actual practice that the individual requiring such care is rarely referred to an optometrist. When referrals to optometrists are made, they frequently call for little more than dispensing services—services not even mentioned in the manual as those in which optometrists have special training.

The Vocational Rehabilitation Department in one Southern State, for example, responded to an optometrist regarding services he rendered a Vocational Rehabilitation "client" with this statement: "Present Vocational Rehabilitation regulations will permit us to authorize visual services from Ophthalmologists only." We know of a mid-western State where similar regulations prevail. Such regulations, we optometrists feel, clearly illustrate the need for action to assure that individuals eligible for vocational rehabilitation programs do have access to the special skills optometrists are trained and licensed to provide in the field of visions services.

H.R. 15827 calls for establishment of a "Comprehensive State Plan" for vocational rehabilitation. In view of the percentage of visual impairments among individuals rehabilitated under existing programs, it seems obvious that any rehabilitation program to actually be "comprehensive" must specifically include optometric vision services.

To avoid future exclusion of optometric services, however inadvertent, and to assure their eligibility, we feel several amendments should be made to H.R. 15827. Generally, these amendments ensure that vocational rehabilitation "clients" will be permitted to obtain needed vision services from optometrists.

Therefore, we respectfully submit for your consideration the following amendments to H.R. 15827:

1. On page 7, line 15, delete the word "medical" at the end of the line and replace it with the word "health,";
2. On page 7, line 18, after the word "therapy,", insert the following: "(4) vision evaluation and correction," and re-number as 5 through 12 the other numbered items in subsection (c);
3. On page 8, line 1, strike the words "medical and related";
4. On page 8, line 3, delete the word "or" and replace it with a comma after the word "medicine";
5. On page 8, line 4, insert the following after the word "surgery" at the beginning of the line: "dentistry or optometry, for services provided within the scope of practice of each respective profession as defined by the law of the State.";
6. On page 13, line 24, delete the word "medical," and substitute the word "health,";
7. On page 14, line 5, after the words "intelligence level", insert "visual abilities and current visual performance levels,".

As you members of this Committee are keenly aware, shortages in all health care disciplines exist throughout the country. The growing demands for health care services necessitate maximum utilization of available practitioners. For States to arbitrarily prohibit members of optometry from providing needed services to eligible individuals under vocational rehabilitation or any other programs is wholly detrimental.

The Acting Secretary of Health, Education and Welfare Cohen aptly stated the need for maximum utilization of health manpower last September when testifying before the Senate on the Partnership for Health Amendments of 1967. He said: "We have as a Nation committed ourselves to promoting and assuring the best level of health attainable for every person in this country. The magnitude and complexity of that commitment requires that we marshal all our available health resources, public and private, in a vital partnership to achieve that objective . . . ."

The 14,500 members of the American Optometric Association urge adoption of the amendments offered here and ultimate enactment of H.R. 15827.

BIOGRAPHY OF DR. V. EUGENE MCCRARY, 4500 BEECHWOOD ROAD, COLLEGE PARK, MD.

Age: 39.

Academic background:

- Pre-optometry, Furman University, Greenville, S.C.
- Optometry (O.D.), Northern Illinois College of Optometry, Chicago, Ill.

Area of specialization: Visual training and contact lenses.

Memberships and fellowships:

- American Academy of Optometry, fellow.
- American Association for Advancement of Science, fellow.
- American Optometric Association, president, 1965–66.
- Director, Department of National Affairs, 1967–68.
- Optometric Extension Program.
- Central Maryland Optometric Society, founder and past president.
- Maryland Optometric Association, past president.
- Maryland Board of Examiners in Optometry, 1958–65.
- Better Vision Institute.

Other:

- Lions Clubs of College Park, president, 1958–59.
- College Park Boys Club.
- College Park Board of Trade.
- Prince Georges County Chamber of Commerce.
- National Health Consultant to OEO, Project Headstart.
- Member, President's Committee for Employment of the Physically Handicapped.
- Member, Commission on Finance, University Methodist Church, College Park, Md.

Currently working with the Maryland State Department of Health to integrate optometric services into the State's title XIX and other comprehensive health programs.

Military: United States Navy, lieutenant (MSC, USNR).

Awards:

- Outstanding Service Award, 1955, Jaycees of Price Georges County.
- Distinguished Service Award, Lions District 22–C, 1956.
- Noteworthy Practitioner, 1958, Beta Sigma Kappa.

AMERICAN FEDERATION OF LABOR AND
CONGRESS OF INDUSTRIAL ORGANIZATIONS,
Washington, D.C., April 8, 1968.

Hon. DOMINICK DANIELS,
Cannon House Office Building,
Washington, D.C.

DEAR CONGRESSMAN DANIELS: I am writing in regard to H.R. 15827, the Vocational Rehabilitation Amendments of 1968, now pending in the Select Education Subcommittee.

In general, the AFL–CIO strongly supports the provisions of H.R. 15827. The AFL–CIO also wishes to join the President's Committee on Employment of the Handicapped in urging that the bill to be reported by the Committee contain House Joint Resolution 811, the purpose of which is to remove the $500,000 annual appropriation limitation for the President's Committee.

H.R. 15827 would extend and improve vocational rehabilitation services to handicapped individuals by increasing appropriation authority, improving the definition of rehabilitation services, strengthening State plan requirements and finances and creating a separately financed program of vocationl and work adjustment services. All will make an important contribution to restoring greater numbers of the handicapped to happier and more productive lives and all deserve the wholehearted support of the Congress. However, several provisions are particularly significant and I would especially like to emphasize their importance.

Within the allotments made to the States, the legislation would increase the federal share of the cost of vocational rehabilitation services from 75% to 80%. Without this more liberal share, it will be difficult to sustain the pace of rehabilitation progress of the last two years. This increase would enable many States' limited finances to secure additional federal money to achieve much needed expansion of their rehabilitation programs. The increase is particularly appropriate since other state-federal program legislation recently passed by the Congress provided for higher federal shares. For instance, the federal share for the Manpower Development and Training Program and for most of the titles of the Economic Opportunity Act is 90%. The new social service and training program for welfare recipients provides for an 80% federal share. Since the vocational rehabilitation program also benefits a severely disadvantaged group, the federal share ought to be at least as much as the federal share of other programs or a minimum of 80%.

Section 8 of the bill creates a new section of the Vocational Rehabilitation Act providing for a separately financed program of vocation evaluation and work adjustment with a 90% federal share of the cost of the program. This would permit state rehabilitation programs to broaden their present programs of evaluation of rehabilitation potential and work adjustment for the physically and mentally handicapped to include otherwise disadvantaged individuals whose disabilities stem from causes other than physical or mental disability itself. Evaluation of rehabilitation potential and work adjustment are essential for most handicapped persons but are especially important for those individuals who are socially disadvantaged. Vocational rehabilitation agencies have the greatest experience in providing these kinds of services and this provision would make these services available to the clients of other agencies. Though other agencies would not be required to use these services, they are already aware of the experience and expertise of State rehabilitation agencies in this highly specialized field and would certainly want to use this service as a way of making their own efforts more effective. Interagency cooperation in serving the needs of the handicapped is particularly important and this provision will be extremely useful and helpful to that end.

The AFL–CIO urges the Select Education Subcomittee to report favorably on H.R. 15827 so that the heartening progress being made in rehabilitating the handicapped may not only be sustained but increased. I am enclosing for your information a copy of the AFL–CIO Policy Resolution on Human Rehabilitation adopted at the AFL–CIO Convention in December of last year indicating the support of organized labor for improved rehabilitation programs.

Sincerely yours,

ANDREW J. BIEMILLER,
Director, Department of Legislation.

HUMAN REHABILITATION

RESOLUTION NO. 253

In spite of great progress in legislation, rehabilitation techniques, and public awareness and support, the major portion of the difficult job of rehabilitating the handicapped still remains. Individuals who in earlier years would have had brief life expectancies are now living into old age with chronic disabling and handicapping conditions. New hazards and changing technology are also contributing to the increase in the incidence of disability. While rehabilitation programs are expanded in hopes of restoring the handicapped to useful employment, medical science is expanding the number of the handicapped by prolonging human life, and changing technology is adding new barriers to their employment.

Rehabilitation is becoming increasingly important to labor because it is a concept that is influencing the whole health and welfare field. Organized labor working with the National Institutes on Rehabilitation and Health Services has sponsored numerous rehabilitation conferences and has successfully established a number of labor rehabilitation projects. Organized labor also has participated actively in the work of the National Advisory Council on Vocational Rehabilition, the President's Committee on Employment of the Handicapped and similar national and State committees, as well as on the community level to promote rehabilitation and hiring of the handicapped. The Social and Rehabilitation Service of the Department of Health, Education and Welfare should help to provide more comprehensive rehabilitation services to a wider range of the population. We commend the progress that has been made by both public and voluntary agencies in rehabilitating the disabled.

This greater recognition of the need for comprehensive services to the handicapped through the integrated efforts of a number of agencies will contribute to continued progress. Yet much more must be done. Therefore, be it

Resolved: That all State and local bodies support legislative action matching maximum amounts of State funds to available Federal appropriations for rehabilitation programs and cooperate with State Vocational Rehabilitation Agencies.

That affiliated bodies actively participate in programs to rehabilitate union members and to support community rehabilitation programs.

That prohibition against discrimination in the employment of the handicapped be included in fair employment practices clauses of collective bargaining agreements.

That the experience of such labor rehabilitation projects as that of the Sidney Hillman Health Center in New York City, the New York City Central Labor Council, and the Iowa Federation of Labor should be widely disseminated and affiliated bodies should work closely with, support and promote the efforts of the National Institutes on Rehabilitation and Health Services to hold rehabilitation conferences and to establish labor rehabilitation projects.

ASSOCIATION OF REHABILITATION CENTERS, INC.,
Washington, D.C., April 10, 1968.

HON. JAMES H. SCHEUER,
House of Representatives,
Longworth House Office Building,
Washington, D.C.

DEAR SIR: During my own and subsequent testimony on HR 15827 last week, I became aware of your interest and concern over the training of supportive personnel (aides) in rehabilitation and related fields.

I was also privileged to give supplemental testimony in which I outlined the highly successful experience of ARC in this field. It was suggested that background material be sent to you, which I am enclosing.

The Association of Rehabilitation Centers is presently conducting its second program to provide training for supportive personnel in rehabilitation centers and other related facilities including workshops and hospitals.

The first program, National MDTA–OJT Contract D.C. J–25 called for the training of 600 persons at a cost of $388,000. Approximately 800 trainees completed programs at a total cost of $370,000. These trainees were for the most part recruited from the hard-core unemployed or disadvantaged group. Some had completed high school but many had not. Training programs ranged in length from 6 weeks to 26 weeks and all trainees were employed by the training facility at the federal minimum wage.

Training is at two levels: (1) Patient Contact Aide, such as physical therapy aide, counselor aide, social work aide, recreation aide, etc., and (2) Institutional Aide, such as food service worker, domestic worker, maintenance helper, etc.

ARC is presently halfway through its second national contract. This is a coupled contract between the Bureau of Work-Training Programs in the Department of Labor and the Office of Education. The contract originally called for the training of 900 persons in 18 months at a cost of $800,000. The contract has been expanded to include 1200 trainees with a time extension to 24 months and budget increase to slightly over $1 million.

At the present time subcontracts for approximately 900 trainees have been written. The characteristics of these trainees are the same as those provided training and employment under the first contract. The attached manual, "On-Job Training Program" describes the operations of the contract to potential subcontractors. Additional materials are attached which attest to the success of this program.

We have found the "National Contract" method gives us a unique and successful approach to the problem. Facilities throughout the country have responded to us as a National Organization in a way that they would not have responded to local or regional contracts. They know we are sensitive to the "dilution of professionalism" issue which many health facilities perceive as a threat when considering greater use of "aides".

In addition to the above contracts, ARC has sponsored two National Conferences on "Supportive Personnel." The first, in 1966, was to determine the position of the National Professional Organizations (e.g. American Physical Therapy Association); the second, in 1967, was to determine the extent to which such supportive personnel were being utilized, and the advantages and disadvantages of this approach.

We have plans for a third National Workshop on Supportive Personnel in 1968. This will be a work session to develop job descriptions and training curricula based on two years' previous experience. Funds to support this Workshop have been requested as part of our Training Grant Request 418–T–68 to the Rehabilitation Services Administration, Department of Health, Education and Welfare.

We stand ready to assist and support your efforts in this area. In addition to providing meaningful employment to the disadvantaged, we can help solve a major manpower problem in the health professions.

Please let me know what we can do to further our mutual concern.

Very truly yours,

CHARLES L. ROBERTS,
Executive Director.

QUOTES FROM RECENT LETTERS FROM PARTICIPATING FACILITIES

FROM BATTLE CREEK SANITARIUM, BATTLE CREEK, MICH.

"* * * We worked through the Michigan Employment Security Commission to obtain our students, and advertised in the paper. The students ranged in age from 18 to 43. Two were from a minority group; four were handicapped; four were male; two were not high school graduates.

"* * * One of the male students had a reading handicap, but he received help in special reading classes from DVR and by using the tape recorder he did better than several who had no handicaps. He graduated and will probably be able to make more than he ever would have otherwise. . . . A lady who was older and blind in one eye also finished and she had never worked before. She is an excellent aide. Five of the seven who graduated are working for us."

FROM PARKLAND MEMORIAL HOSPITAL, DALLAS, TEX.

"* * * Characteristics of trainees: Age range was 20 to 45, all were colored females, four of six were high school graduates, with one of those having completed two years of Junior College. It was unusual that the outstanding member of the class in skill and background had only a ninth grade education. But she was an exceptional case or she would not have been considered originally. Also, she was slightly handicapped by a contracted forefinger. All other class members were not handicapped.

"* * * Related to recruitment, two class members became interested in Physical Therapy because they had handicapped children who had been treated by a Physical Therapy department. One had a lifelong ambition to be a nurse but ran out of money to continue college. Two had been nursing aides in this hospital system.

FROM RANCHO LOS AMIGOS HOSPITAL, DOWNEY, CALIF.

"* * * Our Nursing and Physical Therapy Department directors have indicated quite positively that the extended training under supervision has resulted in a noticeable improvement in quality of performance of the trainees. It has also reduced the dropout ratio. * * * I sincerely hope we can, however, do something to reduce the administrative problems. It seems to me that we should be responsible to you only as the prime contractor and not have to be constantly confused by the intervention of other agencies at the local level from whom we get changing instructions rather regularly."

NATIONAL CITIZENS ADVISORY COMMITTEE
ON VOCATIONAL REHABILITATION,
April 1, 1968.

Hon. DOMINICK V. DANIELS,
Chairman, Select Subcommittee on Education, House Committee on Education and Labor, Cannon House Office Building, Washington, D.C.

DEAR MR. CHAIRMAN: It is a very real honor to write you and members of your Committee in support of H.R. 16134, H.R. 15827, and H.J. Res. 811. It has been my privilege to appear before your Committee on many occasions in my capacity as Director of the Institute of Rehabilitation Medicine, New York University Medical Center, New York, New York. At this time, however, I speak from a somewhat different perspective as Chirman of the National Citizens Advisory Committee on Vocational Rehabilitation. Serving as Chairman of this illustrious Committee has been a stimulating and rewarding experience. As a prelude to my comments on the legislation under consideration, I would like to tell you briefly about the history and activities of the National Citizens Advisory Committee on Vocational Rehabilitation.

The Citizens Committee was established when the Secretary of Health, Education, and Welfare, John Gardner, appointed 16 distinguished citizens as members. On March 17, 1966, President Johnson announced the Committee membership which included those individuals whose names appear on this stationery.

From the beginning, the Citizens Committee determined to get as close to rehabilitation at the grass roots level as possible. To do this, we organized into seven subcommittees, each relating to a special aspect of rehabilitation. We looked primarily at the Federal-State vocational rehabilitation program. Since it is impossible, however, to consider the public program in isolation, we made a consistent effort to view the program within the context of the overall rehabilitation effort. Some of our subcommittees conducted hearings in various cities throughout the country. Some sent letters of inquiry to individuals from a wide range of public, private and professional rehabilitation fields. Throughout, we made a special effort to focus on progress and problems in the Nation's programs for restoring the disabled to useful and meaningful lives.

The Citizens Committee is currently completing its Final Report which is scheduled for release in June of this year. I predict that you will find it a candid appraisal of our Nation's rehabilitation efforts and that its portent is generally optimistic. Beyond this I would only say that the achievements of the public vocational rehabilitation program have been truly remarkable, and that these achievements are in no small way attributable to the support of your Committee, Mr. Chairman.

Nevertheless, rehabilitation in practice falls considerably short of rehabilitation in the ideal, and this leads directly to a consideration of the legislation before you. As Chairman of the National Citizens Advisory Committee on Vocational Rehabilitation I will comment generally on the needs of the disabled as these were identified in the Citizens Committee deliberations. I will comment only incidentally on specific provisions of H.R. 16134, H.R. 15827 and H.J. Res. 811. In-depth commentary on these bills is best left in the capable hands of the program administrators.

While looking at obstacles to employment of the disabled, the Citizens Committee learned that formidable barriers still exist, despite countless man-hours by dedicated workers in placement activities. These barriers range from the employer's fear of economic loss, through emotional problems of the handicapped worker, to open prejuidce against the disabled person. We are convinced that these barriers will be overcome only through the concerned cooperation of public and private agencies, business and industry, labor, the communications media and the public at large.

A look at employment barriers sets forth in bold relief some of the inadequacies of existing rehabilitation programs. We are doing far too little to insure that the severely disabled are given a fair opportunity to achieve on the job. If there is to be a real breakthrough in employment of the disabled, the rehabilitation client of the future must emerge from the rehabilitation process with certain characteristics. First, he must have a skill that is in demand on the job market; he must have pride in his skill and an eagerness to meet the challenges of his occupation. Second, he must have the emotional strength to allow him to accept the discipline of work and to enable him to get along with his fellow workers. Translated into terms of rehabilitation services, this means better evaluation, effective personal adjustment services, complete physical restoration, comprehensive training for a skill, and judicious placement—in short, a higher quality of rehabilitation than is usually available now.

H.R. 16134 would be most helpful in upgrading the quality of rehabilitation services to make it possible for a greater number of disabled persons to become satisfactorily employed. These features of the bill that extend and expand rehabilitation facilities and workshops would be particularly helpful in this respect. Facilities furnish a setting for bringing to bear those positive forces that are absolutely necessary if we are to rehabilitate large numbers of the severely disabled and disadvantaged. Beyond these general considerations, moreover, there is one provision of H.R. 16134 that has a direct bearing on employment of the disabled: this is the provision for making contracts with industry to train and prepare handicapped individuals for gainful employment. The Citizens Committee is convinced that employers would be much more prone to hire the disabled if they could train and place the disabled within their own industries. Section 10 of H.R. 16134 would make this possible.

While commenting on the employment problems of the disabled I would like to state that the President's Committee on Employment of the Handicapped has done excellent work. H.J. Res. 811 therefore appears to be very appropriate.

Another basic finding of the National Citizens Advisory Committee on Vocational Rehabilitation was that rehabilitation services are often provided too late to be of maximum help to the disabled person. This is a serious problem when dealing with the physically and mentally disabled who have traditionally been the clientele of the public program. It becomes even more grave when serving the "behavior-disordered" individuals whose vocational handicaps stem from social, emotional, educational or economic deprivation. Such individuals have often evolved a life style in which dependency is the major ingredient. Life has been a losing game and the path to fulfillment through initiative-taking and self-help appears very risky. It takes a powerful combination of skilled personnel, comprehensive facilities and specialized services to entice such individuals from a clinging dependency. And it is of critical importance that rehabilitation be made available at a time when it can have its greatest impact.

This leads immediately to the question of increased program resources. Despite consistently increasing Congressional support through the years, the public vocational rehabilitation program has never been adequately financed. The legislation under consideration today would go a long way toward providing an adequate financial base for the program which, in turn, would permit vocational rehabilitation to serve the disabled in a more effective and timely manner.

To pursue the need for early rehabilitation services a bit further, I should like to cite a third problem area identified by the NCAC/VR. This is the question of rehabilitation services for handicapped children. Such children represent a significant category of disabled individuals for whom vocational rehabilitation services are inadequate. There is often poor coordination between the school and the rehabilitation agency on behalf of the handicapped child. Too often, the disabled child either is ignored or comes to the attention of the rehabilitation agency late in his school career. By then the child may have succumbed to apathy and hopelessness. Our Committee is convinced that rehabilitation planning and services with a vocational goal are of great benefit to disabled children. Rehabilitation instills confidence in the individual child in his ability to become an effective, creative, productive person. Where rehabilitation is a visable entity in the school system, school personnel tend to become imbued with rehabilitation philosophy and principles and a general optimism pervades the atmosphere. We know this is the case because our Committee looked closely at the cooperative school-rehabilitation programs that have come into existence in the past decade. These cooperative programs and the advances made in special education are among the most encouraging findings in our study. But much more needs to be done.

Cooperative school-rehabilitation programs should be available to every disabled and disadvantaged child in the Nation. Section 19 of H.R. 16134 bears directly on this matter. By authorizing the Secretary of HEW to make project grants for comprehensive evaluation of youths attending school who have a physical or mental disability, or who have employment handicaps, the groundwork can be laid for insuring early rehabilitation for many more of our Nation's disabled and disadvantaged youth. In this connection, the words *comprehensive evaluation* are of key importance because the entire rehabilitation edifice stands or falls on that first step. This is the case in all rehabilitation regardless of age level, type of disability, or origin of handicap. I therefore see a great potential in Section 19 of the bill, an opportunity for rehabilitation to make a contribution that is preventive in the finest sense of the term.

Mr. Chairman, I would be remiss in my responsibilities if I did not comment on another need in the rehabilitation field that is encompassed within the objectives of H.R. 15827. This is the special area of rehabilitation services to families of the disabled individual.

The Citizens Committee found several examples of breakdowns in the rehabilitation process. One source of difficulty is the restriction that limits vocational rehabilitation services solely to the handicapped individual himself. It is a tragic occurrence when a disabled person is unable to achieve independence because of difficulties within his family. The public program is often powerless in the face of such difficulties because of its inability to extend services to members of the disabled person's family. The program must be in a position to strengthen and preserve the integrity of the family as the basic unit of society. H.R. 15827 addresses itself directly to overcoming this problem.

Finally, Mr. Chairman, I should like to note that the NCAC/VR was very much pleased by the development and contributions of the vocational rehabilitation research program. From its early emphasis on orthopedic handicaps, it has expanded its scope to consider a wide range of disabilities including mental retardation, mental illness, drug addiction, alcoholism and delinquency. Of even greater importance, the research program has moved from an orientation that was merely institutional to one that has a community focus. This trend is of special relevance as we begin to understand the problems of our cities and to see the contribution rehabilitation can make to meeting the needs of the urban handicapped and disadvantaged. Because of the complexity of rehabilitation problems, there is a desperate need for increasing our knowledge, insights and techniques of service. Rehabilitation research has provided this in the past, and must continue to do so in the future. Consequently, I urge that this Commitee expand support of this vital program.

Mr. Chairman, I will conclude by expressing my conviction, and that of the Citizens Committee, that the rehabilitation movement in the United States represents one of the highest achievements of our culture. It stands as a monument to the humanitarian instincts of the American citizen. It has performed near-miracles in elevating disabled individuals from despair to self-fulfillment. In this sense, the rehabilitation movement serves as a model in man's quest to assist his fellow man to achieve personal dignity and freedom. Mr. Chairman, you and the members of this Committee should take deep pride in recognition of your contributions to this effort, as should all Americans.

Sincerely,

HOWARD A. RUSK, M.D.,
Chairman.

PREPARED STATEMENT OF ROBERT E. WATKINS, EXECUTIVE VICE PRESIDENT, GOODWILL INDUSTRIES OF AMERICA, INC.

We wish to bring to your attention certain comments on H.R. 15827 and H.R. 16134 which are before your Subcommittee for action.

The enactment by Congress of the Vocational Rehabilitation Amendments of 1965 created the greatest period of expansion in the use of workshop services by state vocational rehabilitation agencies since the beginning of the state-federal program. The use of Goodwill Industries services alone has increased more than 200% during the fiscal years 1966 and 1967. The quality of these services has been greatly improved. All of this has happened in spite of inadequate appropriations.

The enactment of Section 12 to provide for the much needed new construction of rehabilitation facilities and workshops provided the hope that at long last the sometimes forgotten handicapped and disabled could be adequately housed while they received work services. This hope has diminished in recent months. The authorization of $9 million under Section 12 became an appropriation of $3,285,000 and finally an expenditure of $2,285,000.

The enactment of the Vocational Rehabilitation Amendments of 1965 came as a recognition of the important role *work* related evaluation, *work* adjustment, and *work* training services have in the total process of rehabilitation. The prime objective of the state-federal programs of vocational rehabilitation is regular employment. Medical, psychiatric, psychological, physical and occupational therapy, speech and hearing pathology, and other professional rehabilitation services are required. Yet without an adequate introduction and preparation for employment through the various *work* services, the client may never reach the final goal, a job.

We wish more adequate appropriations had been available to provide a full demonstration of the potential of the 1965 legislation. We do think that more for the federal dollar was received in this program than many where much more money was available. The creation of the voluntary-state-federal partnership in effect is an example to be followed in other federal programs.

It is against this background that we wish to endorse H.R. 16134 with the following reservations:

1. We are most disappointed in the appropriation authorizations. We are aware of the limitations which the present war effort create. We do feel that *existing* programs should be funded before new ones are created.

2. We believe the answer to the desperate need for new construction of both rehabilitation facilities and workshops is an adequate increase in authorization under Section 12, followed by the necessary appropriations. The proposed amendment which makes possible the use of Section 2 funds for new construction, even with the understanding that the Laird Amendment authorizes the use of Section 2 funds for grants to voluntary organizations like Goodwill Industries, is not sufficient to meet the need.

In all fairness, we must say that H.R. 15827, also before the Subcommittee, removes much of the emphasis given to "workshop" programs in the Vocational Rehabilitation Amendments of 1965. We do not believe the word "workshop" ought to be eliminated as proposed. We believe the changes proposed for Section 12 and Section 13 of the present Act would result in a decrease in available federal funds which are so urgently needed to increase the quality and quantity of workshop services. We are not in opposition to finding a better definition of both "rehabilitation facilities" and "workshops". The proposed definition in H.R. 15827 is not yet the answer.

The term "sheltered workshop" has been in use for many years. The concept of what this includes has been changing. It is even conceivable that a more adequate term may be discovered. It must still carry an emphasis on *work*. It is possible that the term rehabilitation facilities can be defined to include both "rehabilitation centers" and "workshops". Common usage demonstrates the general acceptance of both terms.

We do believe that the present definition of "workshop" in the Act can be improved. In the hearings on the Vocational Rehabilitation Amendments of 1965, we suggested the following language to take the place of Section 11(d) in the present Act: "The term 'workshop' means a place where any processing or handiwork is carried on for the primary purpose of providing a recognized program of vocational rehabilitation including evaluation, training, employment, and other work-related services for handicapped and disabled individuals who cannot be readily absorbed in the competitive labor market."

Finally we wish to point to the excellent beginning of the new program of "training services" and "training allowances" established under Section 13 of the present Act. The establishment of "standards" for workshop programs by the National Policy and Performance Council has been well received. It is expected that these "standards" will be included shortly in many "state plans". Adequate standards have long been needed so that the public and the purchaser of services may make fair and proper judgments of specific programs.

We wish to hold those advances made possible for workshops such as Goodwill Industries by the 1965 Amendments. We are opposed to any amendments that would change this for there is yet so much to be accomplished.

We commend the Chairman and members of the Subcommittee on their dedicated leadership and work toward the goal of full rehabilitation for all.

MARCH 21, 1968.

PAUL A. STRACHAN,
President, American Institute for Human Engineering, Inc.,
Brooksville, Fla.

DEAR PAUL: Thank you for your letter, telling me about your latest effort in behalf of the rehabilitation and placement of the handicapped.

Hearings on the new vocational rehabilitation bill will begin within the next few days, and I feel that is the appropriate place for the prospectus you were good enough to send, rather than The Record. I will have it included with the hearings and you will receive a copy in due time.

Always good to hear from you.

Sincerely,

HON. CARL D. PERKINS,
Chairman, Education and Labor Committee.

PROSPECTUS BY: PAUL A. STRACHAN, PRESIDENT, AMERICAN INSTITUTE FOR HUMAN ENGINEERING, BROOKSVILLE, FLA.

PREAMBLE

The greatest magnet to draw public attention in the United States is its Colleges and Universities.

At this time, when the movement for benefitting the Handicapped, which began some 22 years ago in the establishment of "The President's Committee on Employment of the Handicapped," and the recent amalgamation of the social and rehabilitation units of the Department of Health, Education, and Welfare, and the special units in each of the 1,800 Federal-State Employment Offices across the country—these organizations are making strong efforts to coordinate the program for Handicapped and expand it effectively all over the U.S.A., it is well justified to call upon all Colleges and Universities to establish regular seminars on Rehabilitation and Employment of Handicapped and make them an effective arm in the campaign to provide Handicapped with better opportunities and facilities.

Unquestionably, more rehabilitation and employment facilities are needed, now, and therefore it is urged that Colleges and Universities establish programs which would become a regular part of their curriculum, in setting up and conducting seminars on Employment of Handicapped and Rehabilitation.

When it is considered that now, according to A.M.A., there are aproximately 72,000,000 who are in some degree handicapped in the U.S.A., and of these some 30,000,000 are from 60% to 100% Severely Handicapped, it is clearly seen that all phases of our national life is affected, and the institutions of learning can and should establish systems, through seminars carried on periodically, that will prove an immense benefit not only to the individual, but to the whole Nation.

Seminars should last at least 5 consecutive days in any one period, this covering Medical, Educational, Guidance and Counseling, and Scientific Selective Placement.

MEDICAL SEMINAR

This is to be composed of at least three physicians, consisting of one internist, one surgeon, and one heart or other specialist; these to be drawn, if possible, from the staffs of the Colleges and Universities. The Moderator should be a physician.

If this is not feasible, then, Colleges and Universities should request that physicans from the nearest hospital be in attendance.

In addition to the physicians there should be a representative from the College or University and, also, the Personnel Officer from such College or University.

There should be a representative of Labor Organizations drawn, preferably, from the city's Central Trades Body, and representatives of AFL–CIO Unions, the United Mine Workers of America, and the Rail Brotherhoods.

There should be representatives from the American Legion, the Veterans of Foreign Wars, the Disabled American Veterans, and the Amvets.

There should be three women, with representation from the School Teachers, the P-T-A, and the local Women's Club.

There should be a representative from the Mayor's Office, or his designate.

There should be a representative from the U.S. Dept. of Health, Education, and Welfare's Social Welfare and Rehabilitation Division.

There should be a representative from the U.S. State Bureaus of Employment Security.

There should be representatives from organizations of Amputees; Arthritics; Blind and Partially Sighted; Cancer; Cardiacs; Deaf and Hard of Hearing; Multiple Sclerosis; Muscular Dystrophy; Paraplegics; Poliomyelits, and victims of Rheumatism; Injuries, and Congenital Defects and/or Deformities.

All local and State Press representatives should be invited to attend.

All farm organizations should be invited to attend.

The College or University holding the seminar should invite all types of Handicapped, thru local press notices, to attend.

Agenda for the first day: to discuss the medical problems of the varied types of Handicapped, and suggest what remedies and experience dictates to ameliorate their problems.

EDUCATIONAL SEMINAR

The Moderator would be an Educator, preferably from the Social Welfare and Rehabilitation Federal-State Agency, or, the university and college.

Agenda: To discuss the educational opportunities and needs of the Handicapped, stressing their educational requirements.

Representatives of Medical, Industrial, or Business Groups, Labor Organizations, Veterans' Organizations, Teachers and Women's Clubs, Mayor's Office, U.S. State Employment Service and Social action and Rehabilitation Services, should be invited to attend and participate, as well as the Local and State Press, and the Handicapped, themselves.

LABOR SEMINAR

The Moderator should be an officer of a Labor Organization, and discuss the problems of the Handicapped from an employment standpoint.

The same representatives who attended previous seminars would be urged to attend, and likewise, the Handicapped.

REHABILITATION SERVICE SEMINAR

The Moderator should be a Member of the U.S. or State Social Action and Rehabilitation Service.

The agenda would include discussion of all types of Federal Aid to the Handicapped, as well as State aid.

The same representatives, including Handicapped, as attended previous seminars, would be urged to attend.

GENERAL DISCUSSION DAY

The Moderators of Previous seminars and all others, would be invited to put forward their views as to what should be done to expand and effectuate better service and more facilities, as well as provide for further future seminars of similar character, with a view to furthering the establishment of needed rehabilitation and employment facilities in the area, and, the assembly should adopt a general report on findings.

The Handicapped, in all sessions, should be urged to give their views as to what is needed to improve present services to them.

○